

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: 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 style="text-align: center;">▶ 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: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; 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>SUNNY GLEN CHILDREN'S HOME 403(B) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SUNNY GLEN CHILDREN'S HOME</u></p> <p><u>P.O. BOX 1373</u> <u>SAN BENITO, TX 78586</u></p>	<p>1c Effective date of plan <u>02/28/2001</u></p> <p>2b Employer Identification Number (EIN) <u>74-1260706</u></p> <p>2c Plan Sponsor's telephone number <u>956-399-5356</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.	07/23/2025	CYNTHIA PINKERTON
	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	883
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)	742
	6a(2)	806
	6b	6
	6c	235
	6d	1047
	6e	0
	6f	1047
	6g(1)	514
6g(2)	763	
6h	53	
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:
2L 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" 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 checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" 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 _____

**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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SUNNY GLEN CHILDREN'S HOME 403(B) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SUNNY GLEN CHILDREN'S HOME		D Employer Identification Number (EIN) 74-1260706

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.

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(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
35-0145825	60895	G76660	0	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	8122	
c Additions: (1) Contributions deposited during the year	7c(1)	4378	
	7c(2)	0	
	7c(3)	330	
	7c(4)	14165	
	7c(5)	0	
	(6) Total additions	7c(6)	18873
d Total of balance and additions (add lines 7b and 7c(6))	7d	26995	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
	(2) Administration charge made by carrier.....	7e(2)	66
	(3) Transferred to separate account	7e(3)	15346
	(4) Other (specify below)..... ▶ TRANSFER TO OUTSIDE SOURCE	7e(4)	11583
(5) Total deductions	7e(5)	26995	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0	

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)
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)
	(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)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan SUNNY GLEN CHILDREN'S HOME 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SUNNY GLEN CHILDREN'S HOME</p>	<p>D Employer Identification Number (EIN) 74-1260706</p>	

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.

1 Coverage Information:

(a) Name of insurance carrier
TALCOTT RESOLUTION LIFE INSURANCE COMPANY

(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
06-0194148	88072	744679-01	10	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	8244
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	39257

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year	7b	8072	
c Additions: (1) Contributions deposited during the year	7c(1)	0	
	7c(2)	0	
	7c(3)	241	
	7c(4)	0	
	7c(5)	0	
	(6) Total additions	7c(6)	241
d Total of balance and additions (add lines 7b and 7c(6))	7d	8313	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
	(2) Administration charge made by carrier	7e(2)	69
	(3) Transferred to separate account	7e(3)	0
	(4) Other (specify below)	7e(4)	0
(5) Total deductions	7e(5)	69	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	8244	

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)
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)
	(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)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. ▶

(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	11600
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP PENSION FUNDING

b Balance at the end of the previous year	7b	0	
c Additions: (1) Contributions deposited during the year	7c(1)	0	
	7c(2)	0	
	7c(3)	18	
	7c(4)	0	
	7c(5)	11582	
▶ TRANSFERS			
(6) Total additions	7c(6)	11600	
d Total of balance and additions (add lines 7b and 7c(6))	7d	11600	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
	(2) Administration charge made by carrier	7e(2)	0
	(3) Transferred to separate account	7e(3)	0
	(4) Other (specify below)	7e(4)	0
▶			
(5) Total deductions	7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	11600	

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)
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)
	(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)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SUNNY GLEN CHILDREN'S HOME 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUNNY GLEN CHILDREN'S HOME	D Employer Identification Number (EIN) 74-1260706	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

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

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

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(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)

BOLTON GLOBAL ASSET MGMT

04-2848146

(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?
26 27 28 50 51	NONE	10970	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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?
15 37 38 50 64 52 59 60 63 66 67	NONE	4802	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

DELTA FINANCIAL INSURANCE

579 MAIN ST.
BOSTON, MA 01740

(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?
55	BROKER/DEALER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	35203	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	66 67	1021
(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.	
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DELTA FINANCIAL INSURANCE	55	35203
(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.	
VOYA FINANCIAL PARTNERS 06-1375177	OTHER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SUNNY GLEN CHILDREN'S HOME 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SUNNY GLEN CHILDREN'S HOME</u>	D Employer Identification Number (EIN) <u>74-1260706</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AUL AMERICAN UNIT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>AMERICAN UNITED LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0145825-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT 11</u>		
b Name of sponsor of entity listed in (a): <u>TALCOTT RESOLUTION LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>06-0974148-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39257</u>
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)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SUNNY GLEN CHILDREN'S HOME 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SUNNY GLEN CHILDREN'S HOME	D Employer Identification Number (EIN) 74-1260706

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	18042	
(2) Participant contributions	1b(2)	23847	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	70500	129550
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2289041	3467188
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	16193	19843
(15) Other	1c(15)		

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	2417623	3616581
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		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2417623	3616581

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)	421379	
(B) Participants.....	2a(1)(B)	625395	
(C) Others (including rollovers).....	2a(1)(C)	30481	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1077255
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	7832	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		7832
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		355543
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1440630

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	206723	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		206723
f Corrective distributions (see instructions)	2f		4729
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	30220	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		30220
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		241672

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1198958
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CASCOS & ASSOCIATES, PC**

(2) EIN: **83-2842934**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SUNNY GLEN CHILDREN'S HOME 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUNNY GLEN CHILDREN'S HOME</u>	D Employer Identification Number (EIN) <u>74-1260706</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 35-0145825 06-0194148

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 17 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500566A.



**SUNNY GLEN CHILDREN'S HOME
403(b) PLAN**

ANNUAL FINANCIAL REPORT

**FOR THE YEARS ENDED
DECEMBER 31, 2024 AND 2023**

SUNNY GLEN CHILDREN’S HOME
403(b) PLAN
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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Cascos & Associates, PC

Certified Public Accountants
Audit/Accounting/Tax/Consulting

INDEPENDENT AUDITORS' REPORT

Sunny Glen Children's Home 403(b) Plan
San Benito, Texas

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

We have performed an audit of the financial statements of Sunny Glen Children's Home 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended December 31, 2024 and 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit 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 audit 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 Sunny Glen Children's Home 403(b) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these 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 Sunny Glen Children's Home 403(b) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Sunny Glen Children's Home 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America. Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules as listed in the table of contents as of or for the years ended December 31, 2024 and 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental 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).

Cascos & Associates, PC

Cascos & Associates, PC
Brownsville, Texas
July 21, 2025

SUNNY GLEN CHILDREN'S HOME 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,
(with comparative financial information at December 31, 2023)

	2024	2023
ASSETS		
Investments, at fair value		
Variable Annuities in Separate Accounts	\$ 3,467,188	\$ 2,289,041
Fixed Annuities in General Accounts	19,843	16,193
Total Investments, at Fair Value	3,487,031	2,305,234
Receivables		
Employer Contributions	-	18,042
Employee Contributions	-	23,847
Notes Receivable from Participants	129,550	70,500
Total Receivables	129,550	112,389
 Total Assets	 \$ 3,616,581	 \$ 2,417,623
 LIABILITIES		
	\$ -	\$ -
 NET POSITION		
Net Assets Available for Benefits	3,616,581	2,417,623
 Total Liabilities and Net Position	 \$ 3,616,581	 \$ 2,417,623

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

SUNNY GLEN CHILDREN'S HOME 403(b) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31,
(with comparative financial information for the year ended December 31, 2023)

	2024	2023
Additions to Net Assets Attributed to:		
Investment income		
Net Appreciation in Fair Value of Investments	\$ 355,543	\$ 316,771
Interest Income on Notes Receivable from Participants	7,832	4,203
Contributions		
Participants	625,395	533,499
Employer	421,379	331,482
Rollover	30,481	2,095
Total Contributions	1,077,255	867,076
Total Additions	1,440,630	1,188,050
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	211,452	188,766
Administrative Expenses	30,220	36,417
Total Deductions	241,672	225,183
Increase in Net Assets Available for Benefits	1,198,958	962,867
Net Assets Available for Benefits, Beginning of Year	2,417,623	1,454,756
Net Assets Available for Benefits, End of Year	\$ 3,616,581	\$ 2,417,623

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

**SUNNY GLEN CHILDREN’S HOME 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE A – DESCRIPTION OF PLAN

Sunny Glen Children's Home 403(b) Plan (the “Plan”) is a defined contribution plan sponsored by Sunny Glen Children’s Home (the “Organization”), a non-profit organization, for the benefit of its employees. The following description of the Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of the Organization. Eligible employees may make elective deferrals beginning on the date of hire but must complete one year of service to receive matching and non-elective contributions. All assets of the Plan are held in group annuity contracts sponsored with Voya Retirement Insurance and Annuity Company and Empower Insurance Company of America as of year-end 2024. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute only by way of elective deferrals not to exceed a certain dollar limit which is set by law. Contributions are subject to certain discrimination tests prescribed by the Internal Revenue Code and other limitations specified by the Plan. Participants are allowed to direct the investments of their contributions into various investment options offered by the Plan. The Organization may make discretionary non-elective contributions, that are determined on an annual basis dependent on the overall performance of the company throughout the year.

Participant Accounts

Each participant's account is credited with an allocation of: (a) participant contributions, (b) the employer contribution, if any, and (c) plan earnings and gains or losses. Allocations of discretionary employer contributions are based on the ratio of each participant's compensation to total compensation of all participants. Allocations of plan earnings are based on actual investment performance of each individual participant’s account.

Notes Receivable from Participant

Participants may generally borrow from their accounts, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear an interest rate ranging from 5.25 to 10.50 percent, which is commensurate with local prevailing rates as determined by the plan administrator. Loan terms generally may not exceed five years unless the loan is for the purchase of a primary residence. Principal and interest are paid ratably through bi-weekly payroll deductions.

**SUNNY GLEN CHILDREN’S HOME 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE A – DESCRIPTION OF PLAN – (CONTINUED)

Vesting

Participants are immediately vested in elective contributions, rollover contributions, and transfer contributions, plus or minus any earnings or losses. Any contribution not listed in the previous sentence will vest as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
1	20%
2	40%
3	60%
4	80%
5	100%

Investment Options

All investments of the Plan are participant-directed. The Plan currently offers various investment options for participants. Participants are allowed to change their investment election at any time. If a participant does not make any investment selections, the deferrals and any employer contributions are invested in the Plan’s qualified default investment alternative (QDIA), American Funds Target Date Retirement.

Payment of Benefits

Benefits are distributable upon termination of service due to death, disability, or retirement. Benefits are normally paid in a lump sum amount or under a specified monthly payment option as defined by the Plan. A participant entitled to a distribution under \$5,000, gets a mandatory cash out to their personal accounts.

Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code. The terms of the Plan have been prepared to conform to the sample language provided by the Internal Revenue Service. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The plan administrator and the Plan’s tax counsel believe that the Plan is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a tax liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan’s federal tax return is subject to examination by Internal Revenue Service and tax authorities, generally for a period of three years after the returns are filed.

**SUNNY GLEN CHILDREN’S HOME 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE A – DESCRIPTION OF PLAN – (CONTINUED)

Forfeited Accounts

Forfeitures are used to reduce the Organization’s contributions or to pay Plan expenses. During the years ended December 31, 2024 and 2023 forfeitures offset Organization expenses by \$13,818 and \$28,233, respectively. At December 31, 2024 and 2023 there were no unallocated forfeiture accounts.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses paid through revenue sharing arrangements are included in Investment Income.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management’s Review

Subsequent events have been evaluated by management through the date of the independent auditors’ report. Material subsequent events, if any, are disclosed in a separate footnote to these financial statements.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The investment contracts are not fully-benefit responsive because the investment contract prevents the immediate and full payout of the contract value for plan-initiated transactions and the fair value, prior to contract termination, equals the contract value (ending balance) presented in the Annual Plan Summary. Therefore, the Statement of Net Assets Available for Benefits does not present the fair value adjustment of the benefit-responsive investment contract from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a fair value, which equals contract value, basis.

The Plan's investments are reported at fair 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. See Note D for discussion of fair value measurements.

**SUNNY GLEN CHILDREN’S HOME 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (CONTINUED)

Purchases and sales of investment contract shares are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation in the fair value of investments consists of realized gains or losses and unrealized appreciation or depreciation on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. The fair value disclosures for financial instruments are not required for participant loans. Also, participant loans continue to be considered as investments for Form 5500 reporting purposes.

NOTE C – INFORMATION CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data prepared and certified to as complete and accurate by the trustees, Voya Retirement Insurance and Annuity Company (VOYA) (Previously American United Life Insurance Company (AUL)) and Empower Annuity Insurance Company of America (Empower).

	DECEMBER 31,	
	2024	2023
Investments, at Fair Value		
Voya Retirement Insurance and Annuity Company (Previously American United Life Insurance Company):		
Variable Annuities in Separate Pooled Accounts	\$ 3,427,931	\$ 2,253,497
Fixed Annuities in General Account	11,600	8,122
Empower Annuity Insurance Company of America:		
Variable Annuities in Separate Pooled Accounts	39,257	35,544
Fixed Annuities in General Account	8,243	8,071
Total Investments, at Fair Value	\$ 3,487,031	\$ 2,305,234
Total Investment Income	\$ 355,543	\$ 316,771

**SUNNY GLEN CHILDREN’S HOME 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE D – FAIR VALUE MEASUREMENTS

FASB ASC 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework 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 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 inputs to the valuation methodology are inputs that are unobservable and significant to the fair value measurement.

Level 2 Fair Value Measurements

The fair value of the variable annuities in Separate Accounts at VOYA (Previously AUL) and Empower are based on the available quoted market prices of the underlying mutual funds adjusted for expense factors (formula-calculated unit value). The formula-calculated unit value is compared to an accounting unit value determined in a manner similar to a mutual fund’s Net Asset Value calculation. Any discrepancies between the two-unit values are resolved to ensure the record-keeping system reflects the accurate value for the day.

The preceding valuation methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**SUNNY GLEN CHILDREN’S HOME 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE D – FAIR VALUE MEASUREMENTS – (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2024 and 2023:

	Fair Value Measurements	
	Fair Value Total	Significant Other Observable Inputs (Level 2)
December 31, 2024:		
Group Annuity Contracts with Voya & Empower		
Variable Annuities	\$ 3,467,188	\$ 3,467,188
Fixed Annuities	19,843	19,843
Total Annuities	\$ 3,487,031	\$ 3,487,031
December 31, 2023:		
Group Annuity Contracts with AUL & Empower		
Variable Annuities	\$ 2,289,041	\$ 2,289,041
Fixed Annuities	16,193	16,193
Total Annuities	\$ 2,305,234	\$ 2,305,234

NOTE E – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has benefit-responsive group annuity investment contracts with VOYA (Previously AUL) and Empower. The group annuity contracts are traditional investments comprised of variable annuities in sub-accounts that invest in underlying mutual funds. Participants may direct the trustees to invest their contributions in any investment options offered by these sub-accounts.

Investments in the Variable Annuity Accounts

Contributions to the variable annuities at VOYA (Previously AUL) and Empower are maintained in Separate Pooled Accounts. Each eligible fund is a separate mutual fund having its own investment objectives and policies and is registered with the Securities and Exchange Commission (SEC) as an open-end management investment company or portfolio thereof. The SEC does not supervise the management or the investment practices and policies of any of the eligible funds.

Many of the eligible funds are available only to insurance companies for their variable contracts (Insurance-Dedicated Funds) and are used for mixed and shared funding. In mixed funding, shares of an eligible fund under the group contract are bought for variable life insurance policies issued by VOYA (Previously AUL) and Empower or other insurance companies.

Shared funding occurs when shares of an eligible fund under the group contract are also bought by other insurance companies for their variable annuity contracts.

SUNNY GLEN CHILDREN'S HOME 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

**NOTE E – INVESTMENT CONTRACT WITH INSURANCE COMPANY –
(CONTINUED)**

Some of the Insurance-Dedicated Funds have been established by investment advisers which manage publicly traded mutual funds having similar names and investment objectives. While some of the eligible funds may be similar to, and may in fact be modeled after, publicly traded mutual funds, the reader should understand that the eligible funds are not otherwise directly related to any publicly traded mutual fund. Consequently, the investment performance of publicly traded mutual funds and any corresponding eligible funds may differ substantially. At December 31, 2024, the fair value of the Separate Accounts at VOYA (Previously AUL) and Empower were \$3,427,931 and \$39,257, respectively. At December 31, 2023, the fair value of the Separate Accounts at VOYA (Previously AUL) and Empower were \$2,253,497 and \$35,544, respectively.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. At December 31, 2024 and 2023, the fair value of the fixed annuity account at VOYA (Previously AUL) and Empower was \$19,843 and \$16,193, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exempt under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring. The guaranteed investment contracts do not permit the insurance companies to terminate the agreement prior to the scheduled maturity date.

NOTE F – TRANSACTIONS WITH RELATED PARTIES AND PARTIES-IN-INTEREST

Plan investments are variable annuities managed by VOYA (Previously AUL) and Empower. VOYA (Previously AUL) and Empower are the trustees as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in administrative expenses on the Statement of Changes in Net Assets Available for Benefits. Fees paid by the Plan during the years ended December 31, 2024 and 2023, amounted to \$30,220 and \$36,417, respectively.

NOTE G – 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 could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**SUNNY GLEN CHILDREN’S HOME 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE H – PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization 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 would become 100 percent vested in their employer’s contributions. During the 2024 year, it was announced by Voya Retirement Insurance and Annuity Company that it would be taking over American United Life Insurance Company; the Organization decided to transfer all assets held at AUL beforehand in December 2024. Officially, VOYA acquired AUL in January 2025. In 2018, the Organization decided to no longer accrue benefits to the individual annuity accounts at Empower, formerly Mass Mutual Life Insurance Company and for the plan assets at Empower to remain in existence as long as necessary to pay already accrued individual annuity benefits to the respective plan participants. All eligible employees were subsequently allowed to participate or to continue their participation in a continuation of the Plan under a new Group Annuity Contract with VOYA (Previously AUL). The Organization and VOYA (Previously AUL) have an information sharing agreement regarding the Plan, whereby each party has agreed to provide the other party with plan and participant-related information directly from Empower in order to enable VOYA (Previously AUL) to perform any administrative services to which the Organization and VOYA (Previously AUL) have agreed. At December 31, 2024 and 2023, the Plan’s net assets available for benefits at Empower were \$47,500 and \$43,615, respectively.

NOTE I – TAX STATUS

The trust established under the Plan to hold the Plan’s assets is qualified pursuant to the appropriate section of the Internal Revenue Code and, accordingly, the trust’s net investment income is exempt from income taxes. The Plan has obtained a favorable determination letter from the Internal Revenue Service, and the Plan sponsor believes that the Plan continues to qualify and to operate as designated and, accordingly, the Plan’s net investment income is exempt from income taxes.

End of Notes.

SUPPLEMENTARY SCHEDULES

SUNNY GLEN CHILDREN'S HOME 403(b) PLAN
SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

SCHEDULE 1

EIN 74-1260706, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OF SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
*	Voya Retirement Insurance and Annuity Company			
	Variable Annuities in Separate Accounts			
	American Funds Growth Fnd R6	Variable Annuity in Pooled Separate Accounts	N/A	\$ 54,271
	American Funds Nw Prspctv R6	Variable Annuity in Pooled Separate Accounts	N/A	94
	American Funds 2015 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	31,961
	American Funds 2020 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	122,221
	American Funds 2025 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	66,982
	American Funds 2030 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	343,227
	American Funds 2035 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	270,571
	American Funds 2040 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	275,717
	American Funds 2045 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	423,600
	American Funds 2050 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	312,163
	American Funds 2055 T Date R3	Variable Annuity in Pooled Separate Accounts	N/A	549,339
	DFA US Targeted VI Port Ins	Variable Annuity in Pooled Separate Accounts	N/A	1,780
	American Funds New World R6	Variable Annuity in Pooled Separate Accounts	N/A	1,136
	PIMCO Income Funds Ins	Variable Annuity in Pooled Separate Accounts	N/A	1,092
	Janus Hndr Enterprise Fund N	Variable Annuity in Pooled Separate Accounts	N/A	27,974
	PGIM High Yield Fund R6	Variable Annuity in Pooled Separate Accounts	N/A	45,767
	PGIM Total Return Bond Fund R6	Variable Annuity in Pooled Separate Accounts	N/A	20,641
	MFS Mid Cap Value Fund R6	Variable Annuity in Pooled Separate Accounts	N/A	520
	American Funds Am Balanced R6	Variable Annuity in Pooled Separate Accounts	N/A	41,626
	American Funds 2060 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	593,859
	PGIM Jennison Sm Comp Fd R6	Variable Annuity in Pooled Separate Accounts	N/A	476

SUNNY GLEN CHILDREN'S HOME 403(b) PLAN
SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

SCHEDULE 1
(Continued)

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OF SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
	Fidelity 500 Index Fund	Variable Annuity in Pooled Separate Accounts	N/A	83,216
	Fidelity Mid Cap Idx Fd	Variable Annuity in Pooled Separate Accounts	N/A	-
	American Funds 2065 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	158,651
	American Funds 2070 R6	Variable Annuity in Pooled Separate Accounts	N/A	47
	Voya Gv Mny Mkt F A (Hld Acct)	Variable Annuity in Pooled Separate Accounts	N/A	1,000
	Total Variable Annuities at Voya Retirement Insurance and Annuity Company		--	3,427,931
*	Empower Annuity Insurance Company of America			
	Mutual Funds			
	American Funds American Balanced R3	Variable Annuity in Pooled Separate Accounts	N/A	3,509
	American Funds Bond Fund of Amer R3	Variable Annuity in Pooled Separate Accounts	N/A	58
	BNY Mellon Bond Market Index Inv	Variable Annuity in Pooled Separate Accounts	N/A	56
	Columbia Select Mid Cap Value A	Variable Annuity in Pooled Separate Accounts	N/A	61
	Davis Opportunity A	Variable Annuity in Pooled Separate Accounts	N/A	67
	Franklin Growth Allocation A	Variable Annuity in Pooled Separate Accounts	N/A	838
	Franklin Moderate Allocation A	Variable Annuity in Pooled Separate Accounts	N/A	2,900
	Franklin Mutual Global Discovery A	Variable Annuity in Pooled Separate Accounts	N/A	100
	Goldman Sachs Equity Income A	Variable Annuity in Pooled Separate Accounts	N/A	119
	Hartford Capital Appreciation R5	Variable Annuity in Pooled Separate Accounts	N/A	144
	Hartford Disciplined Equity HLS IB	Variable Annuity in Pooled Separate Accounts	N/A	171
	Hartford Dividend and Growth HLS IB	Variable Annuity in Pooled Separate Accounts	N/A	71
	Invesco Discovery Mid Cap Growth A	Variable Annuity in Pooled Separate Accounts	N/A	35
	Invesco Growth and Income A	Variable Annuity in Pooled Separate Accounts	N/A	66
	Invesco Main Street Mid Cap A	Variable Annuity in Pooled Separate Accounts	N/A	61
	Invesco Real Estate A	Variable Annuity in Pooled Separate Accounts	N/A	17
	MFS Research International R3	Variable Annuity in Pooled Separate Accounts	N/A	406
	Pioneer Global Sustainable Equity A	Variable Annuity in Pooled Separate Accounts	N/A	34
	T. Rowe Price Equity Income R	Variable Annuity in Pooled Separate Accounts	N/A	89

SUNNY GLEN CHILDREN'S HOME 403(b) PLAN
SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

SCHEDULE 1
(Continued)

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OF SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
	T. Rowe Price Retirement 2030 R	Variable Annuity in Pooled Separate Accounts	N/A	8,507
	T. Rowe Price Retirement 2040 R	Variable Annuity in Pooled Separate Accounts	N/A	18,116
	T. Rowe Price Retirement 2050 R	Variable Annuity in Pooled Separate Accounts	N/A	3,730
	Virtus NFJ Dividend Value A	Variable Annuity in Pooled Separate Accounts	N/A	79
	Virtus NFJ Small-Cap Value A	Variable Annuity in Pooled Separate Accounts	N/A	23
	Total Variable Annuities at Empower Annuity Insurance Company of America		--	39,257
	Total Variable Annuities		--	3,467,188
*	Empower Annuity Insurance Company of America	Fixed Annuity in General Account, Guaranteed Principal and Interest 3% Contract Rate	N/A	8,243
*	Voya Retirement Insurance and Annuity Company Voya Fixed Account B	Fixed Annuity in General Account, Guaranteed Principal and Interest 1.80% Contract Rate	N/A	11,600
	Total Fixed Annuities			19,843
*	Participant Loans	Various Maturities, Rate 5.25-10.50%	N/A	129,550
	Total Investments and Notes Receivable from Participants		--	\$ 3,616,581

* Denotes Party-In-Interest

** Cost is Not Required on Participant Directed Accounts

SUNNY GLEN CHILDREN'S HOME 403(b) PLAN
SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

SCHEDULE 2

EIN 74-1260706, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OF SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
*	American United Life Insurance Company			
	Variable Annuities in Separate Accounts			
	Invesco Disc Mid Cap GR A	Variable Annuity in Pooled Separate Accounts	N/A	\$ 8,265
	Amerfds 2065 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	53,552
	Amerfds 2055 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	355,798
	Amerfds 2010 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	19,087
	Amerfds 2015 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	28,572
	Amerfds 2020 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	147,605
	Amerfds 2025 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	43,934
	Amerfds 2030 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	187,483
	Amerfds 2035 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	195,866
	Amerfds 2040 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	159,426
	Amerfds 2045 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	289,235
	Amerfds 2050 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	185,714
	Amerfds 2060 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	365,081
	Amerfds American Balanced R3	Variable Annuity in Pooled Separate Accounts	N/A	49,557
	Amerfds Amcap R3	Variable Annuity in Pooled Separate Accounts	N/A	2,414
	Amerfds Ginnie Mae A	Variable Annuity in Pooled Separate Accounts	N/A	7,739
	Amerfds Growth FD of America R3	Variable Annuity in Pooled Separate Accounts	N/A	15,072
	Amercent Equity Growth A	Variable Annuity in Pooled Separate Accounts	N/A	2,129
	Amerfds Washington Mutual R3	Variable Annuity in Pooled Separate Accounts	N/A	499
	Franklin Smcap Val R	Variable Annuity in Pooled Separate Accounts	N/A	1,154
	MFS Mass Invs Grth Stk R2	Variable Annuity in Pooled Separate Accounts	N/A	2,159
	MFS Mid Cap Value R2	Variable Annuity in Pooled Separate Accounts	N/A	457
	Pgim High-Yield A	Variable Annuity in Pooled Separate Accounts	N/A	53,500
	Pgim Total Return Bond A	Variable Annuity in Pooled Separate Accounts	N/A	7,941

SUNNY GLEN CHILDREN'S HOME 403(b) PLAN
SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

SCHEDULE 2
(Continued)

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OF SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
	Pgim Jenn Smallcomp A	Variable Annuity in Pooled Separate Accounts	N/A	421
	PIMCO Income R	Variable Annuity in Pooled Separate Accounts	N/A	573
	Pioneer Bond A	Variable Annuity in Pooled Separate Accounts	N/A	567
	Pioneer Fundamental Growth A	Variable Annuity in Pooled Separate Accounts	N/A	10,087
	Pioneer Sel Mid Cap Growth A	Variable Annuity in Pooled Separate Accounts	N/A	8,243
	State Street Equity 500 Indx R	Variable Annuity in Pooled Separate Accounts	N/A	50,664
	MFS International New Discovery R2	Variable Annuity in Pooled Separate Accounts	N/A	703
	Total Variable Annuities at American United Life Insurance Company		--	2,253,497

* Empower Annuity Insurance Company of America

Mutual Funds

	AF Amer Balanced	Variable Annuity in Pooled Separate Accounts	N/A	3,116
	AF Bond Fund Amer	Variable Annuity in Pooled Separate Accounts	N/A	59
	BNY Mel Bnd Mkt Indx	Variable Annuity in Pooled Separate Accounts	N/A	57
	Columbia SLMCap Val	Variable Annuity in Pooled Separate Accounts	N/A	56
	Davis Opportunity	Variable Annuity in Pooled Separate Accounts	N/A	61
	Franklin Growth Allocation	Variable Annuity in Pooled Separate Accounts	N/A	756
	Franklin Mod All	Variable Annuity in Pooled Separate Accounts	N/A	2,647
	Fkln Mutual Glo Disc	Variable Annuity in Pooled Separate Accounts	N/A	98
	Gldmn Sachs Eqty Inc	Variable Annuity in Pooled Separate Accounts	N/A	105
	Hartford Discipline Equity HLS	Variable Annuity in Pooled Separate Accounts	N/A	140
	Htfd Div & Grwth HLS	Variable Annuity in Pooled Separate Accounts	N/A	64
	Inv MC Growth	Variable Annuity in Pooled Separate Accounts	N/A	29
	Invesco Gr and Inc	Variable Annuity in Pooled Separate Accounts	N/A	58
	Invesco Oph Real Est	Variable Annuity in Pooled Separate Accounts	N/A	17
	Invsc Oph Main St MC	Variable Annuity in Pooled Separate Accounts	N/A	53
	MFS Research Intl	Variable Annuity in Pooled Separate Accounts	N/A	402
	Pioneer Global Eqty	Variable Annuity in Pooled Separate Accounts	N/A	32
	The Htfd Cap App	Variable Annuity in Pooled Separate Accounts	N/A	121

SUNNY GLEN CHILDREN'S HOME 403(b) PLAN
SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

SCHEDULE 2
(Continued)

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OF SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
	TRP Equity Income	Variable Annuity in Pooled Separate Accounts	N/A	82
	TRP Retirement 2030	Variable Annuity in Pooled Separate Accounts	N/A	7,837
	TRP Retirement 2040	Variable Annuity in Pooled Separate Accounts	N/A	16,312
	TRP Retirement 2050	Variable Annuity in Pooled Separate Accounts	N/A	3,343
	AllianzGI NFJ DV	Variable Annuity in Pooled Separate Accounts	N/A	77
	AllianzGI NFJ SCV	Variable Annuity in Pooled Separate Accounts	N/A	22
	Total Variable Annuities at Empower Annuity Insurance Company of America		--	35,544
	Total Variable Annuities		--	2,289,041
*	Empower Annuity Insurance Company of America	Fixed Annuity in General Account, Guaranteed Principal and Interest 3% Contract Rate	N/A	8,071
*	American United Life Insurance Company	Fixed Annuity in General Account, Guaranteed		
	AUL Fixed Account	Principal and Interest 2.98% Contract Rate	N/A	2,231
	AUL Stable Value Account	Principal and Interest 1.25% Contract Rate	N/A	5,891
	Total Fixed Annuities		N/A	16,193
*	Participant Loans	Various Maturities, Rate 5.25-10.50%	N/A	70,500
	Total Investments and Notes Receivable from Participants		--	\$ 2,375,734

* Denotes Party-In-Interest

** Cost is Not Required on Participant Directed Accounts

SUPPLEMENTARY SCHEDULES

SUNNY GLEN CHILDREN'S HOME 403(b) PLAN
SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

SCHEDULE 1

EIN 74-1260706, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OF SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
*	Voya Retirement Insurance and Annuity Company			
	Variable Annuities in Separate Accounts			
	American Funds Growth Fnd R6	Variable Annuity in Pooled Separate Accounts	N/A	\$ 54,271
	American Funds Nw Prspctv R6	Variable Annuity in Pooled Separate Accounts	N/A	94
	American Funds 2015 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	31,961
	American Funds 2020 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	122,221
	American Funds 2025 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	66,982
	American Funds 2030 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	343,227
	American Funds 2035 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	270,571
	American Funds 2040 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	275,717
	American Funds 2045 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	423,600
	American Funds 2050 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	312,163
	American Funds 2055 T Date R3	Variable Annuity in Pooled Separate Accounts	N/A	549,339
	DFA US Targeted VI Port Ins	Variable Annuity in Pooled Separate Accounts	N/A	1,780
	American Funds New World R6	Variable Annuity in Pooled Separate Accounts	N/A	1,136
	PIMCO Income Funds Ins	Variable Annuity in Pooled Separate Accounts	N/A	1,092
	Janus Hndr Enterprise Fund N	Variable Annuity in Pooled Separate Accounts	N/A	27,974
	PGIM High Yield Fund R6	Variable Annuity in Pooled Separate Accounts	N/A	45,767
	PGIM Total Return Bond Fund R6	Variable Annuity in Pooled Separate Accounts	N/A	20,641
	MFS Mid Cap Value Fund R6	Variable Annuity in Pooled Separate Accounts	N/A	520
	American Funds Am Balanced R6	Variable Annuity in Pooled Separate Accounts	N/A	41,626
	American Funds 2060 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	593,859
	PGIM Jennison Sm Comp Fd R6	Variable Annuity in Pooled Separate Accounts	N/A	476

SUNNY GLEN CHILDREN'S HOME 403(b) PLAN
SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

SCHEDULE 1
(Continued)

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OF SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
	Fidelity 500 Index Fund	Variable Annuity in Pooled Separate Accounts	N/A	83,216
	Fidelity Mid Cap Idx Fd	Variable Annuity in Pooled Separate Accounts	N/A	-
	American Funds 2065 T Date R6	Variable Annuity in Pooled Separate Accounts	N/A	158,651
	American Funds 2070 R6	Variable Annuity in Pooled Separate Accounts	N/A	47
	Voya Gv Mny Mkt F A (Hld Acct)	Variable Annuity in Pooled Separate Accounts	N/A	1,000
	Total Variable Annuities at Voya Retirement Insurance and Annuity Company		--	3,427,931
*	Empower Annuity Insurance Company of America			
	Mutual Funds			
	American Funds American Balanced R3	Variable Annuity in Pooled Separate Accounts	N/A	3,509
	American Funds Bond Fund of Amer R3	Variable Annuity in Pooled Separate Accounts	N/A	58
	BNY Mellon Bond Market Index Inv	Variable Annuity in Pooled Separate Accounts	N/A	56
	Columbia Select Mid Cap Value A	Variable Annuity in Pooled Separate Accounts	N/A	61
	Davis Opportunity A	Variable Annuity in Pooled Separate Accounts	N/A	67
	Franklin Growth Allocation A	Variable Annuity in Pooled Separate Accounts	N/A	838
	Franklin Moderate Allocation A	Variable Annuity in Pooled Separate Accounts	N/A	2,900
	Franklin Mutual Global Discovery A	Variable Annuity in Pooled Separate Accounts	N/A	100
	Goldman Sachs Equity Income A	Variable Annuity in Pooled Separate Accounts	N/A	119
	Hartford Capital Appreciation R5	Variable Annuity in Pooled Separate Accounts	N/A	144
	Hartford Disciplined Equity HLS IB	Variable Annuity in Pooled Separate Accounts	N/A	171
	Hartford Dividend and Growth HLS IB	Variable Annuity in Pooled Separate Accounts	N/A	71
	Invesco Discovery Mid Cap Growth A	Variable Annuity in Pooled Separate Accounts	N/A	35
	Invesco Growth and Income A	Variable Annuity in Pooled Separate Accounts	N/A	66
	Invesco Main Street Mid Cap A	Variable Annuity in Pooled Separate Accounts	N/A	61
	Invesco Real Estate A	Variable Annuity in Pooled Separate Accounts	N/A	17
	MFS Research International R3	Variable Annuity in Pooled Separate Accounts	N/A	406
	Pioneer Global Sustainable Equity A	Variable Annuity in Pooled Separate Accounts	N/A	34
	T. Rowe Price Equity Income R	Variable Annuity in Pooled Separate Accounts	N/A	89

SUNNY GLEN CHILDREN'S HOME 403(b) PLAN
SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

SCHEDULE 1
(Continued)

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OF SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
	T. Rowe Price Retirement 2030 R	Variable Annuity in Pooled Separate Accounts	N/A	8,507
	T. Rowe Price Retirement 2040 R	Variable Annuity in Pooled Separate Accounts	N/A	18,116
	T. Rowe Price Retirement 2050 R	Variable Annuity in Pooled Separate Accounts	N/A	3,730
	Virtus NFJ Dividend Value A	Variable Annuity in Pooled Separate Accounts	N/A	79
	Virtus NFJ Small-Cap Value A	Variable Annuity in Pooled Separate Accounts	N/A	23
	Total Variable Annuities at Empower Annuity Insurance Company of America		--	39,257
	Total Variable Annuities		--	3,467,188
*	Empower Annuity Insurance Company of America	Fixed Annuity in General Account, Guaranteed Principal and Interest 3% Contract Rate	N/A	8,243
*	Voya Retirement Insurance and Annuity Company Voya Fixed Account B	Fixed Annuity in General Account, Guaranteed Principal and Interest 1.80% Contract Rate	N/A	11,600
	Total Fixed Annuities			19,843
*	Participant Loans	Various Maturities, Rate 5.25-10.50%	N/A	129,550
	Total Investments and Notes Receivable from Participants		--	\$ 3,616,581

* Denotes Party-In-Interest

** Cost is Not Required on Participant Directed Accounts

SUNNY GLEN CHILDREN'S HOME 403(b) PLAN
SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

SCHEDULE 2

EIN 74-1260706, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OF SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
*	American United Life Insurance Company			
	Variable Annuities in Separate Accounts			
	Invesco Disc Mid Cap GR A	Variable Annuity in Pooled Separate Accounts	N/A	\$ 8,265
	Amerfds 2065 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	53,552
	Amerfds 2055 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	355,798
	Amerfds 2010 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	19,087
	Amerfds 2015 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	28,572
	Amerfds 2020 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	147,605
	Amerfds 2025 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	43,934
	Amerfds 2030 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	187,483
	Amerfds 2035 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	195,866
	Amerfds 2040 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	159,426
	Amerfds 2045 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	289,235
	Amerfds 2050 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	185,714
	Amerfds 2060 Trgt Date Ret R3	Variable Annuity in Pooled Separate Accounts	N/A	365,081
	Amerfds American Balanced R3	Variable Annuity in Pooled Separate Accounts	N/A	49,557
	Amerfds Amcap R3	Variable Annuity in Pooled Separate Accounts	N/A	2,414
	Amerfds Ginnie Mae A	Variable Annuity in Pooled Separate Accounts	N/A	7,739
	Amerfds Growth FD of America R3	Variable Annuity in Pooled Separate Accounts	N/A	15,072
	Amercent Equity Growth A	Variable Annuity in Pooled Separate Accounts	N/A	2,129
	Amerfds Washington Mutual R3	Variable Annuity in Pooled Separate Accounts	N/A	499
	Franklin Smcap Val R	Variable Annuity in Pooled Separate Accounts	N/A	1,154
	MFS Mass Invs Grth Stk R2	Variable Annuity in Pooled Separate Accounts	N/A	2,159
	MFS Mid Cap Value R2	Variable Annuity in Pooled Separate Accounts	N/A	457
	Pgim High-Yield A	Variable Annuity in Pooled Separate Accounts	N/A	53,500
	Pgim Total Return Bond A	Variable Annuity in Pooled Separate Accounts	N/A	7,941

SUNNY GLEN CHILDREN'S HOME 403(b) PLAN
SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

SCHEDULE 2
(Continued)

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OF SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
	Pgim Jenn Smallcomp A	Variable Annuity in Pooled Separate Accounts	N/A	421
	PIMCO Income R	Variable Annuity in Pooled Separate Accounts	N/A	573
	Pioneer Bond A	Variable Annuity in Pooled Separate Accounts	N/A	567
	Pioneer Fundamental Growth A	Variable Annuity in Pooled Separate Accounts	N/A	10,087
	Pioneer Sel Mid Cap Growth A	Variable Annuity in Pooled Separate Accounts	N/A	8,243
	State Street Equity 500 Indx R	Variable Annuity in Pooled Separate Accounts	N/A	50,664
	MFS International New Discovery R2	Variable Annuity in Pooled Separate Accounts	N/A	703
	Total Variable Annuities at American United Life Insurance Company		--	2,253,497

* Empower Annuity Insurance Company of America

Mutual Funds

	AF Amer Balanced	Variable Annuity in Pooled Separate Accounts	N/A	3,116
	AF Bond Fund Amer	Variable Annuity in Pooled Separate Accounts	N/A	59
	BNY Mel Bnd Mkt Indx	Variable Annuity in Pooled Separate Accounts	N/A	57
	Columbia SLMCap Val	Variable Annuity in Pooled Separate Accounts	N/A	56
	Davis Opportunity	Variable Annuity in Pooled Separate Accounts	N/A	61
	Franklin Growth Allocation	Variable Annuity in Pooled Separate Accounts	N/A	756
	Franklin Mod All	Variable Annuity in Pooled Separate Accounts	N/A	2,647
	Fkln Mutual Glo Disc	Variable Annuity in Pooled Separate Accounts	N/A	98
	Gldmn Sachs Eqty Inc	Variable Annuity in Pooled Separate Accounts	N/A	105
	Hartford Discipline Equity HLS	Variable Annuity in Pooled Separate Accounts	N/A	140
	Htfd Div & Grwth HLS	Variable Annuity in Pooled Separate Accounts	N/A	64
	Inv MC Growth	Variable Annuity in Pooled Separate Accounts	N/A	29
	Invesco Gr and Inc	Variable Annuity in Pooled Separate Accounts	N/A	58
	Invesco Oph Real Est	Variable Annuity in Pooled Separate Accounts	N/A	17
	Invsc Oph Main St MC	Variable Annuity in Pooled Separate Accounts	N/A	53
	MFS Research Intl	Variable Annuity in Pooled Separate Accounts	N/A	402
	Pioneer Global Eqty	Variable Annuity in Pooled Separate Accounts	N/A	32
	The Htfd Cap App	Variable Annuity in Pooled Separate Accounts	N/A	121

SUNNY GLEN CHILDREN'S HOME 403(b) PLAN
SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

SCHEDULE 2
(Continued)

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OF SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
	TRP Equity Income	Variable Annuity in Pooled Separate Accounts	N/A	82
	TRP Retirement 2030	Variable Annuity in Pooled Separate Accounts	N/A	7,837
	TRP Retirement 2040	Variable Annuity in Pooled Separate Accounts	N/A	16,312
	TRP Retirement 2050	Variable Annuity in Pooled Separate Accounts	N/A	3,343
	AllianzGI NFJ DV	Variable Annuity in Pooled Separate Accounts	N/A	77
	AllianzGI NFJ SCV	Variable Annuity in Pooled Separate Accounts	N/A	22
	Total Variable Annuities at Empower Annuity Insurance Company of America		--	35,544
	Total Variable Annuities		--	2,289,041
*	Empower Annuity Insurance Company of America	Fixed Annuity in General Account, Guaranteed Principal and Interest 3% Contract Rate	N/A	8,071
*	American United Life Insurance Company	Fixed Annuity in General Account, Guaranteed		
	AUL Fixed Account	Principal and Interest 2.98% Contract Rate	N/A	2,231
	AUL Stable Value Account	Principal and Interest 1.25% Contract Rate	N/A	5,891
	Total Fixed Annuities		N/A	16,193
*	Participant Loans	Various Maturities, Rate 5.25-10.50%	N/A	70,500
	Total Investments and Notes Receivable from Participants		--	\$ 2,375,734

* Denotes Party-In-Interest

** Cost is Not Required on Participant Directed Accounts