

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; 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><b>1a</b> Name of plan <u>CARING 401(K) PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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>CARING LLC</u></p> <p><u>1515 MOCKINGBIRD LANE SUITE 410</u> <u>CHARLOTTE, NC 28209</u></p>	<p><b>1c</b> Effective date of plan <u>05/08/2018</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>82-5467733</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>201-675-6159</u></p> <p><b>2d</b> Business code (see instructions) <u>519100</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/31/2025	KOMAL MALIK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	207
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	161
	<b>6a(2)</b>	127
	<b>6b</b>	0
	<b>6c</b>	93
	<b>6d</b>	220
	<b>6e</b>	0
	<b>6f</b>	220
	<b>6g(1)</b>	252
<b>6g(2)</b>	219	
<b>6h</b>	13	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2S 2T 3D 3B

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>CARING 401(K) PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CARING LLC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>82-5467733</b></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  
**EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA**

(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
84-0467907	68322	504451-01	22	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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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
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(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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	114666
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	0

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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. .... Specify nature of costs ▶	<b>6d</b>	

**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** 77503

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	10319
(2) Dividends and credits.....	<b>7c(2)</b>	0
(3) Interest credited during the year.....	<b>7c(3)</b>	1291
(4) Transferred from separate account .....	<b>7c(4)</b>	95775
(5) Other (specify below).....	<b>7c(5)</b>	52563

▶ LOAN PAYMENTS

(6) Total additions ..... **7c(6)** 159948

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 237451

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	82829
(2) Administration charge made by carrier.....	<b>7e(2)</b>	372
(3) Transferred to separate account .....	<b>7e(3)</b>	39584
(4) Other (specify below).....	<b>7e(4)</b>	

(5) Total deductions ..... **7e(5)** 122785

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 114666

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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. ▶

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

<b>A</b> Name of plan CARING 401(K) PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 CARING LLC	<b>D</b> Employer Identification Number (EIN) 82-5467733	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	28245	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ONEDIGITAL INVESTMENT ADVISORS LLC

PO BOX 735399  
DALLAS, TX 75373-5399

(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?
27	INVESTMENT ADVISOR	23231	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	4997	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>CARING 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CARING LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>82-5467733</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FUTUREFUNDS SERIES ACCOUNT II OF GR</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA</u>		
<b>c</b> EIN-PN <u>84-0467907-003</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CARING 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CARING LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>82-5467733</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	173494	125463
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	116694	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	8681067	9083831
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	77503	114666
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	9048758	9323960
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	9048758	9323960

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	408951	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1079223	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	167610	
(2) Noncash contributions.....	<b>2a(2)</b>	0	
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1655784
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	13943	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	1291	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		15234
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	283519	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		283519
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	0
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	2436
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	980470
<b>c</b> Other income .....	2c	0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	2937443

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2559881
(2) To insurance carriers for the provision of benefits .....	2e(2)	0
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	2559881
<b>f</b> Corrective distributions (see instructions) .....	2f	0
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	45887
<b>h</b> Interest expense.....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	0
(3) Recordkeeping fees .....	2i(3)	28245
(4) IQPA audit fees .....	2i(4)	0
(5) Investment advisory and investment management fees .....	2i(5)	28228
(6) Bank or trust company trustee/custodial fees .....	2i(6)	0
(7) Actuarial fees .....	2i(7)	0
(8) Legal fees .....	2i(8)	0
(9) Valuation/appraisal fees .....	2i(9)	0
(10) Other trustee fees and expenses .....	2i(10)	0
(11) Other expenses.....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	56473
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	2662241

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	275202
<b>l</b> 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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		600000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>CARING 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CARING LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>82-5467733</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
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**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): 84-1455663

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.




# **Caring 401(k) Plan**

**EIN 82-5467733 PN 001**

**Independent Auditor's Report, Financial Statements,  
and Supplemental Schedules**

December 31, 2024 and 2023



**Caring 401(k) Plan  
Contents  
December 31, 2024 and 2023**

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## Independent Auditor's Report

Plan Administrator  
Caring 401(k) Plan  
127 Scalebars Road  
Charlotte, North Carolina 28209

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

We have performed audits of the accompanying financial statements of Caring 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the 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 year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### ***Opinion***

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 GAAP, 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 the Plan's ability to continue as a going concern within one year after the date that these 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 Audits of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 the 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 GAAP.

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 GAAP.

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

### ***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Forvis Mazars, LLP**

**Greensboro, North Carolina  
July 31, 2025**

Federal Employer Identification Number: 44-0160260

**Caring 401(k) Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
<b>Investments</b>		
Investments at fair value	\$ 9,083,831	\$ 8,797,761
Investments at contract value	<u>114,666</u>	<u>77,503</u>
<b>Total Investments</b>	9,198,497	8,875,264
<b>Receivables</b>		
Notes receivable from participants	<u>176,872</u>	<u>177,895</u>
<b>Net Assets Available for Benefits</b>	<u>\$ 9,375,369</u>	<u>\$ 9,053,159</u>

**Caring 401(k) Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended December 31, 2024**

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**Additions**

**Investment Income**

Net appreciation in fair value of investments	\$ 982,905
Interest and dividend income	284,811

<b>Total Investment Income</b>	<u>1,267,716</u>
--------------------------------	------------------

<b>Interest Income on Notes Receivable from Participants</b>	<u>15,105</u>
--	---------------

**Contributions**

Employer	408,951
Participant	1,079,223
Rollover	167,610

<b>Total Contributions</b>	<u>1,655,784</u>
----------------------------	------------------

<b>Total Additions</b>	<u>2,938,605</u>
------------------------	------------------

**Deductions**

Benefits paid to participants	2,558,457
Administrative expenses	57,938

<b>Total Deductions</b>	<u>2,616,395</u>
-------------------------	------------------

<b>Net Change</b>	322,210
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<b>Net Assets Available for Benefits, Beginning of Year</b>	<u>9,053,159</u>
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<b>Net Assets Available for Benefits, End of Year</b>	<u><u>\$ 9,375,369</u></u>
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## **Note 1. Description of the Plan**

The following description of the Caring 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

### ***General***

The Plan is a defined contribution plan covering all eligible employees of Caring LLC (the “Company”) who have completed a minimum of sixty days of service and who are 18 years of age or older. Participants will then enter the Plan on the first day of the next month following the date on which the participants satisfy the eligibility requirements. The plan administrator controls and manages the operations and administration of the Plan. Empower Trust Company, LLC and Empower Annuity Insurance Company of America (“Empower”), together, serve as the custodian of the Plan (the “custodian”). The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 (“ERISA”).

### ***Contributions***

Each year, participants may contribute from 1% up to 100% of pre-tax annual compensation, as defined in the Plan, subject to Internal Revenue Code (“IRC”) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants also make Roth after-tax contributions and may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. For employees hired after November 1, 2021, upon becoming eligible to participate, an automatic 4% of compensation will be deferred on the eligible employee’s behalf until changed by the employee. If no alternative election is made, the automatic deferral will escalate at a rate of 1% each year, up to a maximum of 10%. The Plan elected to make matching contributions equal to 50% of the first 8% deferred on by a participant for the year ended December 31, 2024. In addition, the Company may elect to make additional discretionary contributions. No such contributions were made for the year ended December 31, 2024. Contributions are subject to certain limitations.

### ***Investment Options***

Participants direct the investment of their accounts into various investment options offered by the Plan. The Plan currently offers mutuals funds and a fully benefit-responsive guaranteed annuity contract as investment options for participants.

### ***Participant Accounts***

Each participant’s account is credited with the participant’s deferral contribution, allocations of the Company’s contributions and Plan earnings (losses), and charged with benefit payments, transaction fees related to notes receivable from participants and distributions, and allocations of administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

**Caring 401(k) Plan  
Notes to Financial Statements  
December 31, 2024 and 2023**

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***Vesting***

Participants are immediately vested in their voluntary and discretionary contributions plus actual earnings thereon. Vesting in the Company's matching contributions plus actual earnings thereon is based on the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 1	0%
1	33.3%
2	66.7%
3 or more	100%

***Notes Receivable from Participants***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, reduced by the excess of the highest outstanding balance of loans from the Plan to the participant during the past 12 months, or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at the Prime Rate published in the Wall Street Journal on the first business day of the month the loan is originated plus 1%. At December 31, 2024, outstanding loans bore interest rates ranging from 4.25% to 9.50%. Principal and interest are paid ratably through payroll deductions.

***Payment of Benefits***

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or various installment and annuity options as provided by the Plan. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Amounts contributed on a before-tax basis may only be withdrawn upon demonstration of financial hardship, disability, or after the participants reach the age of 59.5 years.

***Forfeitures***

As of December 31, 2024 and 2023, forfeited nonvested accounts totaled \$5,121 and \$287, respectively. Forfeitures are used to reduce future Company contributions or pay administrative expenses. During 2024, forfeitures totaling \$32,021 were used to pay plan expenses and \$15,539 were used to reduce Company contributions.

**Note 2. Summary of Significant Accounting Policies**

***Basis of Accounting***

The financial statements of the Plan are prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

***Use of Estimates***

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates and assumptions.

### ***Investment Valuation and Income Recognition***

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the custodian. See Note 3 for discussion of fair value measurements.

Investments in fully benefit-responsive investment contracts are reported at contract value. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of securities are recorded on a trade-date basis. Interest income, including interest income from notes receivable from participants, is recorded when received. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

### ***Notes Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

### ***Payment of Benefits***

Benefits are recorded when paid.

### ***Administrative Expenses***

The Plan's administrative expenses are paid by the Plan, as provided by the plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Expenses relating to specific participant transactions (notes from participants and distributions) are charged directly to the participant's account.

### ***Subsequent Events***

The Plan has evaluated subsequent events through July 31, 2025, the date the financial statements were available to be issued.

## **Note 3. Fair Value Measurements**

Fair value, as defined under GAAP, is an exit price representing 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. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1** Observable inputs such as quoted prices in active markets.
- Level 2** Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3** Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

**Caring 401(k) Plan  
Notes to Financial Statements  
December 31, 2024 and 2023**

Assets and liabilities are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities, and their placement within the fair value hierarchy levels.

There have been no changes in the methodologies used at December 31, 2024 and 2023. The following is a description of the valuation methodologies used for assets measured at fair value.

**Mutual Funds**

Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

**Pooled Separate Account**

The Plan invests in a pooled separate account for which quoted prices are not available in active markets for identical instruments. The Plan utilizes the Accumulation Unit Value as determined by the custodian, a net asset value ("NAV") equivalent, as the estimated fair value. Because quoted prices in active markets for identical assets are not available, these prices are determined using observable market information such as quotes from less active markets and/or quoted prices of securities with similar characteristics. The pooled separate account is not required to be classified within a level on the fair value hierarchy. The pooled separate account held by the Plan has no unfunded commitments, redemption restrictions or redemption notice period.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets accounted for at fair value on a recurring basis at December 31:

	<b>December 31, 2024</b>			
	<b>Fair Value</b>	<b>Fair Value Measurements Using</b>		
		<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
Mutual funds	\$ 9,083,831	\$ -	\$ -	\$ 9,083,831
Investment at fair value	<u>\$ 9,083,831</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 9,083,831</u>
	<b>December 31, 2023</b>			
	<b>Fair Value</b>	<b>Fair Value Measurements Using</b>		
		<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
Mutual funds	\$ 8,681,067	\$ 8,681,067	\$ -	\$ -
Total assets in the fair value hierarchy Investment measured at NAV <sup>(A)</sup>	8,681,067 <u>116,694</u>	<u>\$ 8,681,067</u>	<u>\$ -</u>	<u>\$ -</u>
Investments at fair value	<u>\$ 8,797,761</u>			

(A) In accordance with Topic 820, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

**Caring 401(k) Plan  
Notes to Financial Statements  
December 31, 2024 and 2023**

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using NAV per share (or its equivalent) practical and expedient as of December 31, 2024 and 2023.

	<u>Fair Value at December 31, 2024</u>	<u>Fair Value at December 31, 2023</u>	<u>Unfunded Commitments</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
Empower Secure Foundation Balanced SVC	\$ -	\$ 116,694	None	Daily	12 months

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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.

**Note 4. Fully Benefit-Responsive Guaranteed Annuity Contract**

The Plan has entered into a guaranteed annuity contract with Empower. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

There are no reserves against contract value for credit risk of the contract issuer or otherwise.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan document (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) premature termination of the contracts, (4) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (5) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material representation or (4) a material amendment to the agreements without the consent of the issuer.

**Caring 401(k) Plan  
Notes to Financial Statements  
December 31, 2024 and 2023**

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**Note 5. Unaudited Information Certified by the Custodian**

The accompanying financial statements include the following unaudited information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, that was obtained from data prepared and certified to be complete and accurate by the Plan's custodian:

	<u>2024</u>	<u>2023</u>
Investments	\$ 9,198,497	\$ 8,875,264
Notes receivable from participants	\$ 176,872	\$ 177,895
Net appreciation in fair value of investments	\$ 982,905	
Interest and dividends	\$ 284,811	
Interest income on notes receivable from participants	\$ 15,105	

**Note 6. Exempt Party-in-Interest Transactions**

Certain plan investments are managed by the custodian as defined by the Plan, and therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid to Empower and its affiliates for investment management and recordkeeping services amounted to \$33,242 for the year ended December 31, 2024.

**Note 7. Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

**Note 8. Tax Status**

The Plan has not obtained a determination letter from the Internal Revenue Service (the "IRS") stating that the Plan was in compliance with the applicable requirements of the IRC. The Plan is relying on IRS approval of the volume submitter profit sharing plan with CODA that it is utilizing. The IRS has determined and informed the volume submitter plan sponsor by a letter dated June 30, 2020 that the volume submitter plan document was designed in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan was qualified, and the related trust was tax exempt as of the financial statement date.

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

**Caring 401(k) Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**Note 9. Risks and Uncertainties**

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

**Note 10. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the accompanying 2024 and 2023 financial statements to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 9,375,369	\$ 9,053,159
Deemed loans	<u>(51,409)</u>	<u>(4,401)</u>
Net assets available for benefits per Form 5500	<u>\$ 9,323,960</u>	<u>\$ 9,048,758</u>

The following is a reconciliation of the net change in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2024:

Net change per the financial statements	\$ 322,210
Change in deemed loans	<u>(47,008)</u>
Net income per Form 5500	<u>\$ 275,202</u>

## ***Supplemental Schedules***

**Caring 401(k) Plan**  
**EIN 82-5467733 PN 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost **	(e) Current Value
	<b>Guaranteed Annuity Contract</b>			
*	Empower	Key Guaranteed Portfolio Fund		\$ 114,666
	<b>Mutual Funds</b>			
	American Century	Ultra R6		228,882
	American Funds	American Balanced R6		264,935
	American Funds	New World R6		225,780
	Cohen & Steers	Real Estate Securities Z		90,999
	Fidelity	500 Index		1,111,556
	Fidelity	Inflation Protected Bond Index		57,010
	Fidelity	International Index		304,852
	Fidelity	Mid Cap Index		242,371
	Fidelity	Small Cap Index		466,288
	Fidelity	Total Bond K6		17,454
	Fidelity	Total Market Index		112,094
	Fidelity	US Bond Index		140,871
	MFS	International Growth R6		205,276
	Nuveen	Lifecycle Index 2015 R6		141,827
	Nuveen	Lifecycle Index 2020 R6		110,833
	Nuveen	Lifecycle Index 2025 R6		338,063
	Nuveen	Lifecycle Index 2030 R6		426,496
	Nuveen	Lifecycle Index 2035 R6		917,113
	Nuveen	Lifecycle Index 2040 R6		546,171
	Nuveen	Lifecycle Index 2045 R6		442,998
	Nuveen	Lifecycle Index 2050 R6		831,364
	Nuveen	Lifecycle Index 2055 R6		812,929
	Nuveen	Lifecycle Index 2060 R6		312,326
	Nuveen	Lifecycle Index 2065 R6		55,162
	Nuveen	Lifecycle Index Retirement Inc R6		62,825
	Pimco	Int Bond (USD-Hedged) Inst		54,977
	Pimco	Income Instl		217,171
	Putnam	Large Cap Value R6		345,208
*	<b>Participant Loans ***</b>	Interest-bearing at 4.25% - 9.50%, maturing through October 2053		<u>125,463</u>
				<u>\$ 9,323,960</u>

\* Indicates party-in-interest.

\*\* Cost information omitted for participant-directed investments.

\*\*\* The accompanying financial statements classify participant loans as notes receivable from participants.

**Caring 401(k) Plan**  
**EIN 82-5467733 PN 001**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2024**

**(4 pages)**

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity of Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<b>Category (i) - Single Transactions in Excess of Five Percent of Beginning Plan Assets</b>						
T. Rowe Price	Retirement 2025 Fund	\$ -	\$ 526,003	\$ 557,667	\$ 526,003	\$ (31,664)
T. Rowe Price	Retirement 2035 Fund	-	825,018	805,837	825,018	19,181
T. Rowe Price	Retirement 2040 Fund	-	483,947	456,998	483,947	26,949
T. Rowe Price	Retirement 2050 Fund	-	1,016,542	952,189	1,016,542	64,353
T. Rowe Price	Retirement 2055 Fund	-	635,706	592,534	635,706	43,172
Vanguard	500 Index Admiral	-	1,510,862	1,112,028	1,510,862	398,834
Nuveen	Lifecycle Index 2025 R6	526,003	-	526,003	526,003	-
Nuveen	Lifecycle Index 2035 R6	825,018	-	825,018	825,018	-
Nuveen	Lifecycle Index 2040 R6	483,947	-	483,947	483,947	-
Nuveen	Lifecycle Index 2050 R6	1,016,542	-	1,016,542	1,016,542	-
Nuveen	Lifecycle Index 2055 R6	635,706	-	635,706	635,706	-
Fidelity	500 Index	1,510,862	-	1,510,862	1,510,862	-

**Caring 401(k) Plan**  
**EIN 82-5467733 PN 001**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2024**

**(4 pages)**

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity of Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<b>Category (iii) - Series of Transactions in Excess of Five Percent of Beginning Plan Assets</b>						
T. Rowe Price	Retirement 2025 Fund	\$ 18,489	\$ -	\$ 18,489	\$ 18,489	\$ -
T. Rowe Price	Retirement 2025 Fund	-	606,148	643,179	606,148	(37,031)
T. Rowe Price	Retirement 2035 Fund	16,655	-	16,655	16,655	-
T. Rowe Price	Retirement 2035 Fund	-	825,205	805,983	825,205	19,222
T. Rowe Price	Retirement 2040 Fund	14,829	-	14,829	14,829	-
T. Rowe Price	Retirement 2040 Fund	-	493,975	466,545	493,975	27,430
T. Rowe Price	Retirement 2050 Fund	32,640	-	32,640	32,640	-
T. Rowe Price	Retirement 2050 Fund	-	1,173,997	1,101,992	1,173,997	72,005
T. Rowe Price	Retirement 2055 Fund	47,702	-	47,702	47,702	-
T. Rowe Price	Retirement 2055 Fund	-	663,148	618,503	663,148	44,645
Vanguard	500 Index Admiral	52,740	-	52,740	52,740	-
Vanguard	500 Index Admiral	-	1,565,853	1,158,424	1,565,853	407,429
Vanguard	Small Cap Index Admiral	24,151	-	24,151	24,151	-

**Caring 401(k) Plan**  
**EIN 82-5467733 PN 001**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2024**

**(4 pages)**

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity of Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Vanguard	Small Cap Index Admiral	\$ -	\$ 452,786	\$ 393,628	\$ 452,786	\$ 59,158
Fidelity	500 Index	1,799,262	-	1,799,262	1,799,262	-
Fidelity	500 Index	-	874,260	808,078	874,260	66,182
Fidelity	Stable Value Fund	497,210	-	497,210	497,210	-
Fidelity	Stable Value Fund	-	70,869	70,008	70,869	861
Nuveen	Lifecycle Index 2025 R6	616,278	-	616,278	616,278	-
Nuveen	Lifecycle Index 2025 R6	-	297,922	279,265	297,922	18,657
Nuveen	Lifecycle Index 2030 R6	761,465	-	761,465	761,465	-
Nuveen	Lifecycle Index 2030 R6	-	349,163	343,363	349,163	5,800
Nuveen	Lifecycle Index 2035 R6	1,344,851	-	1,344,851	1,344,851	-
Nuveen	Lifecycle Index 2035 R6	-	466,780	461,360	466,780	5,420
Nuveen	Lifecycle Index 2040 R6	737,513	-	737,513	737,513	-
Nuveen	Lifecycle Index 2040 R6	-	221,560	218,105	221,560	3,455
Nuveen	Lifecycle Index 2045 R6	597,105	-	597,105	597,105	-

**Caring 401(k) Plan**  
**EIN 82-5467733 PN 001**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2024**

**(4 pages)**

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity of Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Nuveen	Lifecycle Index 2045 R6	\$ -	\$ 186,575	\$ 177,206	\$ 186,575	\$ 9,369
Nuveen	Lifecycle Index 2050 R6	1,545,362	-	1,545,362	1,545,362	-
Nuveen	Lifecycle Index 2050 R6	-	784,051	757,289	784,051	26,762
Nuveen	Lifecycle Index 2055 R6	1,183,048	-	1,183,048	1,183,048	-
Nuveen	Lifecycle Index 2055 R6	-	417,575	411,565	417,575	6,010

*Columns (e) and (f) are not applicable.*

*There were no category (ii) or (iv) transactions reportable for 2024.*

## TRANSACTIONS FOR REVIEW (5% REPORTABLE)

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Caring 401(k) Plan

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INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3KGPBW	52,191.80	0.000000	185	(47,560.62)	0.000000	5	(47,560.62)	SERIES
4KGPBW	0.00	0.000000	0	0.00	0.000000	24	0.00	SERIES
1BLV91Z	2,175.20	139.024917	12	(121,304.89)	(7,633.111595)	144	(101,947.38)	SERIES
1TRILX	89,574.19	5,566.512936	2270	(26,388.96)	(1,635.051786)	869	(25,937.38)	SERIES
1TLFIX	183,298.75	10,582.180763	100	(39,638.30)	(2,239.403400)	59	(38,718.17)	SERIES
1TLWIX	147,930.80	7,791.656101	114	(37,898.30)	(1,911.945560)	49	(36,477.47)	SERIES
1TLQIX	616,278.05	29,013.290371	258	(297,922.27)	(13,178.940074)	119	(279,264.75)	SERIES
1TLHIX	761,465.06	32,370.797891	520	(349,163.22)	(14,710.522182)	144	(343,363.26)	SERIES
1TLYIX	1,344,851.44	52,283.789114	575	(466,780.15)	(18,024.818347)	156	(461,380.26)	SERIES
1TLZIX	737,512.59	26,544.173715	475	(221,559.92)	(7,890.785495)	151	(218,105.45)	SERIES
1TLXIX	597,104.84	20,459.263545	747	(186,574.94)	(6,108.842774)	124	(177,205.99)	SERIES
1TLXIX	1,545,362.36	52,082.478721	1497	(784,050.58)	(25,681.603358)	271	(757,289.41)	SERIES
1TTIIX	1,183,047.76	49,162.638501	1399	(417,574.94)	(17,258.038808)	265	(411,564.82)	SERIES
1TVIIX	443,677.66	23,689.644635	413	(146,970.04)	(7,907.623110)	76	(146,036.44)	SERIES
1TFITX	101,513.89	7,575.340041	270	(50,403.32)	(3,687.986206)	51	(48,890.37)	SERIES
1TRRGX	2,175.20	179.428169	12	(160,999.01)	(13,046.802970)	70	(176,107.67)	SERIES
1TRRBX	3,267.71	181.515364	28	(132,477.71)	(7,243.131763)	64	(148,432.34)	SERIES
1TRRHX	18,489.12	1,158.438665	40	(606,148.11)	(37,397.664652)	148	(643,179.46)	SERIES
1TRRCX	20,730.96	854.899753	90	(438,227.57)	(17,738.038079)	235	(450,087.20)	SERIES
1TRRJX	16,654.72	847.857515	92	(825,204.63)	(40,912.189539)	243	(805,983.28)	SERIES
1TRRDY	14,828.55	524.088428	83	(493,975.09)	(16,967.038425)	224	(466,545.39)	SERIES
1TRRKX	18,050.77	887.696096	114	(432,898.68)	(20,542.491585)	210	(406,526.61)	SERIES
1TRRMX	32,639.51	1,885.818927	216	(1,173,996.78)	(65,853.837785)	454	(1,101,992.48)	SERIES
1TRRNX	47,702.10	2,671.082685	232	(663,148.12)	(35,359.182607)	409	(618,503.39)	SERIES
1TRRLX	8,654.93	575.189130	64	(167,871.63)	(10,792.044598)	120	(153,551.59)	SERIES
1TRSJX	4,590.59	391.213280	48	(51,446.93)	(4,231.989977)	87	(45,689.20)	SERIES
1AGGIX	1,074.18	93.829612	205	(52,246.31)	(4,376.036304)	791	(52,853.83)	SERIES
1RERGX	13,462.39	244.849733	438	(297,375.30)	(5,120.148909)	835	(284,023.31)	SERIES
1RNWGX	290,916.56	3,702.000227	2246	(62,004.49)	(768.645838)	1114	(60,318.81)	SERIES
1DFCEX	80,584.66	3,534.591127	710	(125,285.46)	(5,486.243334)	342	(123,018.14)	SERIES
1FSPSX	373,809.97	7,536.011998	2737	(56,268.29)	(1,123.478622)	1199	(55,746.41)	SERIES
1MGRDX	300,538.43	7,128.267374	1598	(90,125.15)	(2,168.722588)	1799	(91,215.86)	SERIES
1VTMGX	23,474.42	1,525.614383	717	(227,115.27)	(14,307.530852)	532	(200,681.31)	SERIES
1CSZIX	115,191.89	7,015.441601	2433	(29,931.58)	(1,746.235768)	1361	(28,294.26)	SERIES
1VGLSX	6,360.26	52.412018	493	(98,461.72)	(814.842372)	725	(98,593.62)	SERIES
1FSSNX	497,209.74	19,629.045832	2696	(70,868.93)	(2,783.388709)	1527	(70,007.65)	SERIES
1VSMAX	24,150.56	237.540923	664	(452,785.97)	(4,303.106598)	869	(393,628.17)	SERIES
1FSMDX	364,311.24	11,470.254149	3246	(135,961.51)	(4,293.136620)	1023	(134,985.30)	SERIES
1VIMAX	10,805.00	37.618793	321	(307,722.55)	(1,024.414662)	1126	(240,820.16)	SERIES
1AULDY	219,232.29	2,467.712439	607	(18,855.49)	(194.118371)	504	(17,145.91)	SERIES
1RGAGX	4,556.88	68.853031	281	(199,571.64)	(2,875.498510)	755	(183,909.40)	SERIES
1FSKAX	149,011.29	1,008.332245	1695	(47,669.68)	(313.261116)	1159	(44,529.02)	SERIES
1FXAIX	1,799,262.23	9,941.679691	3049	(874,260.49)	(4,497.946735)	1858	(808,077.63)	SERIES
1PEQSX	371,785.69	11,049.229667	1721	(36,509.09)	(1,040.277152)	1382	(34,913.11)	SERIES
1VFIAX	52,739.82	115.437007	632	(1,565,852.94)	(3,289.584148)	1106	(1,158,424.27)	SERIES
1VEIRX	5,410.30	63.345430	421	(354,392.01)	(4,059.466358)	906	(322,441.18)	SERIES
1RLBGX	371,172.73	11,110.832718	1009	(114,556.42)	(3,397.975019)	1117	(112,947.33)	SERIES
1VBIAX	68,489.14	1,476.097321	526	(240,383.78)	(5,214.758744)	695	(225,460.50)	SERIES
1FIPDX	78,941.02	8,789.494464	1208	(21,404.76)	(2,376.689778)	1011	(21,273.65)	SERIES
1FTKFX	36,340.88	4,189.722752	1446	(19,212.49)	(2,183.527387)	817	(18,887.34)	SERIES
1FXNAX	240,505.67	23,559.625005	2047	(98,859.98)	(9,775.790651)	1445	(99,537.42)	SERIES
1PFORX	14,997.33	1,519.221023	1029	(9,468.50)	(960.302526)	617	(9,474.11)	SERIES
1PIMIX	244,847.28	23,265.847429	1743	(27,599.56)	(2,622.262904)	1136	(27,572.62)	SERIES

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Caring 401(k) Plan

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INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
IARRIX	6,485.50	648.347732	936	(47,786.78)	(4,810.355636)	415	(52,011.97)	SERIES
IVWEAX	10,493.11	1,952.995946	829	(226,317.90)	(42,219.805496)	341	(235,665.48)	SERIES
IVBTLX	38,437.37	4,026.079163	1072	(251,532.76)	(26,491.369310)	507	(266,500.17)	SERIES
IKGPGW	106,464.08	0.000000	1670	(75,223.68)	0.000000	1548	(75,223.68)	SERIES
<b>5% TRANSACTIONS</b>								
ITLQIX	526,003.05	24,881.885054	29	0.00	0.000000	0	0.00	18-MAR-24
ITLYIX	825,017.83	32,239.852674	50	0.00	0.000000	0	0.00	18-MAR-24
ITLZIX	483,946.76	17,515.264568	42	0.00	0.000000	0	0.00	18-MAR-24
ITLLIX	1,016,542.00	34,529.279893	77	0.00	0.000000	0	0.00	18-MAR-24
ITTIIX	635,706.44	26,721.582176	81	0.00	0.000000	0	0.00	18-MAR-24
ITRRHX	0.00	0.000000	0	(526,003.05)	(32,449.293368)	29	(557,667.37)	18-MAR-24
ITRRJX	0.00	0.000000	0	(825,017.83)	(40,903.213588)	50	(805,836.86)	18-MAR-24
ITRRDX	0.00	0.000000	0	(483,946.76)	(16,613.346507)	42	(456,997.85)	18-MAR-24
ITRRMX	0.00	0.000000	0	(1,016,542.00)	(56,758.346072)	77	(952,188.68)	18-MAR-24
ITRRNX	0.00	0.000000	0	(635,706.44)	(33,832.167511)	81	(592,534.21)	18-MAR-24
IFXAIX	1,510,862.44	8,429.740785	173	0.00	0.000000	0	0.00	18-MAR-24
IVFIAX	0.00	0.000000	0	(1,510,862.44)	(3,170.750075)	173	(1,112,028.17)	18-MAR-24

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
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## LEGEND

## INVESTMENT OPTION:

3KGPWG	Key Guaranteed Portfolio Fund	4KGPWG	Key Guaranteed Portfolio Fund
1BLV91Z	Empower SecureFoundation Balanced Svc	1TRILX	Nuveen Lifecycle Index Retirement Inc R6
1TLFIX	Nuveen Lifecycle Index 2015 R6	1TLWIX	Nuveen Lifecycle Index 2020 R6
1TLQIX	Nuveen Lifecycle Index 2025 R6	1TLHIX	Nuveen Lifecycle Index 2030 R6
1TLYIX	Nuveen Lifecycle Index 2035 R6	1TLZIX	Nuveen Lifecycle Index 2040 R6
1TLXIX	Nuveen Lifecycle Index 2045 R6	1TLLIX	Nuveen Lifecycle Index 2050 R6
1TTIIX	Nuveen Lifecycle Index 2055 R6	1TVIIX	Nuveen Lifecycle Index 2060 R6
1TFITX	Nuveen Lifecycle Index 2065 R6	1TRRGX	T. Rowe Price Retirement 2015 Fund
1TRRBX	T. Rowe Price Retirement 2020 Fund	1TRRHX	T. Rowe Price Retirement 2025 Fund
1TRRCX	T. Rowe Price Retirement 2030 Fund	1TRRJX	T. Rowe Price Retirement 2035 Fund
1TRRDY	T. Rowe Price Retirement 2040 Fund	1TRRKX	T. Rowe Price Retirement 2045 Fund
1TRRMX	T. Rowe Price Retirement 2050 Fund	1TRRNX	T. Rowe Price Retirement 2055 Fund
1TRRLX	T. Rowe Price Retirement 2060 Fund	1TRSJX	T. Rowe Price Retirement 2065 Fund
1AGGIX	American Century Focused Global Growth I	1RERGX	American Funds EuroPacific Gr R6
1RNWGX	American Funds New World R6	1DFCEX	DFA Emerging Markets Core Equity I
1FSPSX	Fidelity International Index	1MGRDX	MFS International Growth R6
1VTMGX	Vanguard Developed Markets Index Admiral	1CSZIX	Cohen & Steers Real Estate Securities Z
1VGSIX	Vanguard Real Estate Index Admiral	1FSSNX	Fidelity Small Cap Index
1VSMAX	Vanguard Small Cap Index Adm	1FSMDX	Fidelity Mid Cap Index
1VIMAX	Vanguard Mid Cap Index Fund - Admiral	1AULDY	American Century Ultra R6
1RGAGX	American Funds Growth Fund of Amer R6	1FSKAX	Fidelity Total Market Index
1FXAIX	Fidelity 500 Index	1PEQSY	Putnam Large Cap Value R6
1VFIAX	Vanguard 500 Index Admiral	1VEIRX	Vanguard Equity-Income Adm
1RLBGX	American Funds American Balanced R6	1VBIAIX	Vanguard Balanced Index Adm
1FIPDX	Fidelity Inflation Protected Bond Index	1FTKFX	Fidelity Total Bond K6
1FXNAX	Fidelity US Bond Index	1PFORX	PIMCO Int Bond (USD-Hedged) Instl
1PIMIX	PIMCO Income Instl	1PRRIX	PIMCO Real Return Instl
1VWEAX	Vanguard High-Yield Corporate Adm	1VBTLX	Vanguard Total Bond Market Index Admiral
1KGPWG	Key Guaranteed Portfolio Fund		

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**Caring 401(k) Plan**  
**01-JAN-24 to 31-DEC-24**

20-JAN-25 17:43:36

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
ITRILX			63,636.82	62,824.75
ITLFIX			144,580.62	141,827.21
ITLWIX			111,453.35	110,832.54
ITLQIX			337,013.30	338,063.38
ITLHIX			418,101.81	426,495.65
ITLYIX			883,471.22	917,112.63
ITLZIX			519,407.19	546,171.22
ITLXIX			419,898.88	442,997.50
ITLLIX			788,072.94	831,363.58
ITTHIX			771,482.92	812,929.18
ITVIIX			297,641.20	312,326.22
ITFITX			52,623.53	55,161.55
IRNWGX			230,597.57	225,780.27
IFSPSX			318,063.59	304,851.83
IMGRDX			209,322.51	205,275.60
ICSZIX			86,897.59	90,999.17
IFSSNX			427,202.11	466,287.78
IFSM DX			229,325.73	242,371.24
IAULDX			202,086.30	228,882.71
IFSKAX			104,482.13	112,094.11
IFXAIX			991,184.32	1,111,555.83
IPEQ SX			336,872.71	345,208.75
IRLBGX			258,225.54	264,936.67
IFIPDX			57,667.18	57,009.87
IFTKFX			17,453.52	17,453.90
IFXNAX			140,967.83	140,870.76
IPFORX			53,790.93	54,976.97
IPIMIX			217,274.67	217,170.51
IKGPGW		1.450	106,755.18	109,544.89
			<b>8,795,553.19</b>	<b>9,193,376.27</b>
PARTICIPANT LOANS	VARIOUS	4.250-9.500	125,381.70	125,463.23
FORFEITURES			4,749.73	5,121.39

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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## LEGEND

## INVESTMENT OPTION:

1TRILX	Nuveen Lifecycle Index Retirement Inc R6	1TLFIX	Nuveen Lifecycle Index 2015 R6
1TLWIX	Nuveen Lifecycle Index 2020 R6	1TLQIX	Nuveen Lifecycle Index 2025 R6
1TLHIX	Nuveen Lifecycle Index 2030 R6	1TLYIX	Nuveen Lifecycle Index 2035 R6
1TLZIX	Nuveen Lifecycle Index 2040 R6	1TLXIX	Nuveen Lifecycle Index 2045 R6
1TLLIX	Nuveen Lifecycle Index 2050 R6	1TTIIX	Nuveen Lifecycle Index 2055 R6
1TVIIX	Nuveen Lifecycle Index 2060 R6	1TFITX	Nuveen Lifecycle Index 2065 R6
1RNWGX	American Funds New World R6	1FSPSX	Fidelity International Index
1MGRDX	MFS International Growth R6	1CSZIX	Cohen & Steers Real Estate Securities Z
1FSSNX	Fidelity Small Cap Index	1FSMDX	Fidelity Mid Cap Index
1AULDX	American Century Ultra R6	1FSKAX	Fidelity Total Market Index
1FXAIX	Fidelity 500 Index	1PEQSX	Putnam Large Cap Value R6
1RLBGX	American Funds American Balanced R6	1FIPDX	Fidelity Inflation Protected Bond Index
1FTKFX	Fidelity Total Bond K6	1FXNAX	Fidelity US Bond Index
1PFORX	PIMCO Int Bond (USD-Hedged) Instl	1PIMIX	PIMCO Income Instl
1KGPW	Key Guaranteed Portfolio Fund		

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

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