

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
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
1a	Name of plan FOUNDCARE, INC. RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2000
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) FOUNDCARE, INC. 2330 S CONGRESS AVE WEST PALM BEACH, FL 33406-7608
2b	Employer Identification Number (EIN) 54-2083748
2c	Plan Sponsor's telephone number 561-472-9160
2d	Business code (see instructions) 624100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	08/17/2025	ANDY ANTENOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/17/2025	ANDY ANTENOR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 191
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 150 6a(2) 152 6b 0 6c 0 6d 152 6e 6f 152 6g(1) 122 6g(2) 127 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2M 2G 2F 3D 2S 2T

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan FOUNDCARE, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FOUNDCARE, INC.	D Employer Identification Number (EIN) 54-2083748	

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

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	031-81286	91	01/01/2023	12/31/2023

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

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

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

LPL FINANCIAL LLC
ATTN COMMISSIONS DEPT
4707 EXECUTIVE DR
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			7

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 605700**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 519144**c** Additions: (1) Contributions deposited during the year **7c(1)** 105363
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 13047
(4) Transferred from separate account **7c(4)** 0
(5) Other (specify below) **7c(5)** 8343
▶(6) Total additions **7c(6)** 126753**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 645897**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 9630(2) Administration charge made by carrier **7e(2)** 650(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 10280**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 635617

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan FOUNDCARE, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FOUNDCARE, INC.	D Employer Identification Number (EIN) 54-2083748	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
LPL FINANCIAL LLC	ATTN COMMISSIONS DEPT 4707 EXECUTIVE DR SAN DIEGO, CA 92121

(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)

NATIONWIDE

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64 99	RECORDKEEPING	6203	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan FOUNDCARE, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FOUNDCARE, INC.		
		D Employer Identification Number (EIN) 54-2083748

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	26338	11190
(2) Participant contributions	1b(2)	28969	17037
(3) Other	1b(3)	527	39742
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	124290	194459
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	92442	99726
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4382389	5231752
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	519144	605700
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5174099	6199606
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		45328
j Other liabilities	1j	10105	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10105	45328
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5163994	6154278

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	368795	
(B) Participants	2a(1)(B)	537112	
(C) Others (including rollovers)	2a(1)(C)	224278	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1130185
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7034	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7034
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	111301	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		111301
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		594226
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1842746

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	817996	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		817996
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	34466	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		34466
j Total expenses. Add all expense amounts in column (b) and enter total	2j		852462

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		990284
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **TEMPLETON & COMPANY, LLC**

(2) EIN: **14-1918990**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	128229
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan FOUNDCARE, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 FOUNDCARE, INC.	D Employer Identification Number (EIN) 54-2083748	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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): 04-3157927 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase ☐ Decrease ☐ Both ☐ No
---	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☒ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702763A</u> .	

FOUNDCARE, INC. RETIREMENT PLAN
REPORT ON AUDITS OF FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2023 AND 2022
AND FOR THE YEAR ENDED DECEMBER 31, 2023

FOUNDCARE, INC. RETIREMENT PLAN

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Independent Auditor's Report

To the Plan Administrator and Those Charged with Governance
FoundCare, Inc. Retirement Plan
West Palm Beach, Florida

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

We have performed audits of the accompanying financial statements of FoundCare, Inc. Retirement 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, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 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 (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 (qualified institution), provided that the statements or information regarding assets so held are prepared and certified to by the qualified institution, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from the qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- 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 (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 U.S. 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 for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. 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 U.S. GAAP.

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

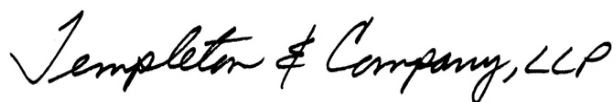
Supplemental Information Required by ERISA

The supplemental information of Schedule H, Line 4a, - schedule of delinquent participant contributions and Schedule H, line 4i – schedule of assets (held at end of year), as of or for the year ended December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 information 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 information, we evaluated whether the supplemental information, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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



West Palm Beach, Florida
July 25, 2025

FOUNDCARE, INC. RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments:		
Investments, at fair value	\$ 5,426,211	\$ 4,506,679
Investment, at contract value	<u>605,700</u>	<u>519,144</u>
Total investments	<u>6,031,911</u>	<u>5,025,823</u>
Receivables:		
Participant contributions	17,037	28,969
Employer contributions	11,190	26,338
Notes receivable from participants	99,726	92,442
Other	<u>39,742</u>	<u>527</u>
Total receivables	<u>167,695</u>	<u>148,276</u>
Total assets	6,199,606	5,174,099
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
Liabilities:		
Refunds payable for excess contributions	<u>45,328</u>	<u>10,105</u>
Net assets available for benefits	<u>\$ 6,154,278</u>	<u>\$ 5,163,994</u>

See accompanying notes to financial statements.

FOUNDCARE, INC. RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2023

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 594,226
Dividends, interest and other income	<u>111,301</u>

Total investment income	<u>705,527</u>
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Interest income on notes receivable from participants	<u>7,034</u>
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Contributions:

Participants	537,112
Employer	368,795
Rollover	<u>224,278</u>

Total contributions	<u>1,130,185</u>
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Total additions	<u>1,842,746</u>
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Deductions from net assets attributed to:

Benefits paid to participants	817,996
Administrative expenses	<u>34,466</u>

Total deductions	<u>852,462</u>
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Change in net assets	990,284
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Net assets available for benefits:

Beginning of year	<u>5,163,994</u>
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End of year	<u><u>\$ 6,154,278</u></u>
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FOUNDCARE, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following description of the FoundCare, Inc. Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General and eligibility

The Plan is a 403(b) defined contribution plan, established on January 1, 2000, for the benefit of all eligible employees, as defined of FoundCare, Inc. (FoundCare, Employer or Plan Sponsor) and, as defined in accordance with the universal availability standards, employees are eligible to enter the Plan after reaching the age of 18. Participants are eligible to receive Employer matching contributions, after completing 1 year of service (credited with 1,000 hours) and reaching 18 years of age.

Nationwide Life Insurance Company (NLI or the Custodian), serves as the Custodian of the Plan, holds the Plan’s investment assets, and executes investment transactions. Nationwide Trust Company, FSB (Nationwide) is Plan’s trustee, and is an affiliate of the Custodian and the Plan’s recordkeeper. FoundCare is the Plan Administrator.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants in the Plan may voluntarily contribute up to 100% of their annual compensation, as defined by the Plan, within the limits prescribed by the Internal Revenue Service (IRS). Participants who are age 50 and older or that have 15 years of credited service may also contribute a catch-up contribution. Special catch-up contributions are permitted for participants who are 50 years of age or older with 15 years of service. Participants may also contribute amounts representing distributions from other qualified plans (rollover). The Plan’s provisions also provide for Roth elective deferrals.

The Employer makes discretionary matching contributions equal to 100% of the first 5% of eligible compensation, as defined, that a participant contributes to the Plan. For the year ended December 31, 2023, Employer made discretionary matching contributions totaling \$329,053. For the year ended December 31, 2023, Qualified Nonelective Contributions (QNEC) Employer contributions for the year ended December 31, 2023 totaled \$39,742. The Employer’s contributions are invested in funds in accordance with the participant’s direction and the Plan’s provisions.

Contributions are subject to certain IRS limitations.

Participant accounts

Each participant’s account is credited with the participant’s contributions and an allocation of: (a) the Employer’s contributions, and (b) Plan earnings or losses thereon. Participants are charged with his or her withdrawals and an allocation of administrative expenses, as defined. Allocations are based on participant earnings or losses, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Vesting

Participants are immediately vested in their elective deferrals, plus actual earnings or losses thereon. Vesting in the Employer’s contributions (if any), plus any earnings or losses thereon, is based on years of continuous service. Participants who become eligible and are enrolled in the Plan will receive vesting credit for years of service based on the elapsed time method, as defined. A participant is fully vested after six years of credited service based on a graded vesting schedule. Participant accounts become fully vested upon retirement age, death, disability, or upon termination of the Plan.

FOUNDCARE, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 1 – Description of Plan, Continued

Forfeitures

Forfeited nonvested accounts are used to reduce future Employer contributions and pay certain Plan expenses. As of December 31, 2023 and 2022, the available forfeitures amounted to \$53 and \$2,395, respectively. For the year ended December 31, 2023, forfeitures approximating \$25,200 were used to reduce Employer contributions.

Notes receivable from participants

Plan participants may borrow from their fund accounts a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. The notes are secured by the vested account balance in a participant's account, and bear interest at prime rate plus 2%, determined as of the date of the loan request. Principal and interest are paid ratably through regular payroll deductions. All loans are required to be repaid within a period of five years, except loans to acquire the participant's principal residence which must be repaid in a reasonable period of time, not to exceed thirty years.

Payment of benefits

The Plan provides for a mandatory distribution of a participant's vested account balance following severance from employment. A participant is immediately entitled to a distribution following severance from employment as soon as administratively practicable. A participant who has incurred a severance from employment and who will receive a distribution other than a mandatory distribution may elect a lump-sum or installment distribution. In-service withdrawals are permitted for the following reasons: when reaching 59½ years of age, hardship, or disability. An in-service withdrawal requires the participant to be 100% vested in the distributed balance.

Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Employer and are not reflected in these financial statements. Investment-related expenses are included in net appreciation of fair value of investments.

Plan administration

FoundCare is the Plan Administrator, and as such, controls and manages the operations of the Plan.

The Plan's investment assets are maintained by Nationwide and its affiliate, Nationwide Retirement Services, is the Plan's recordkeeper. NLI is the custodian of the Plan's group annuity contract. The Trustee and NLI invest cash received, interest and dividend income, and make distributions to participants (subject to the direction of the participants). Fees from covered service providers of the Plan are in compliance with the Department of Labor's (DOL) regulations under ERISA Section 408(b)(2).

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

The accompanying financial statements have been prepared using the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment valuation and income recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment advisor and the Trustee.

FOUNDCARE, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

Investment valuation and income recognition, continued

Investments are valued daily. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and those differences could be material.

Risks and uncertainties

The Plan provides for various investment securities. Investment securities are exposed to various risks, such as interest rate risk, market risk, liquidity risk, and credit risk. Due to the level of risk associated with certain investment securities, including the uncertainty related to changes in the value of investment securities, it is at least reasonably possible changes in such risks in the near-term would materially affect participants' account balances and the amounts reported in the financial statements.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual method. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded at December 31, 2023 and 2022. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note receivable to be in default, the note receivable is reduced, and a benefit payment recorded.

Payment of benefits

The Plan records benefits when paid.

Plan expenses

For the year ended December 31, 2023, the Plan classified certain administrative expenses as an expense rather than as a reduction of investment income. Certain expenses paid by the Plan consist of recordkeeping, trustee, custodian, professional fees, and third-party administration fees. Certain participant directed transactions such as loan processing fees and withdrawal fees are charged directly to the participants' accounts.

Uncertain tax positions

U.S. GAAP requires the Plan to assess its uncertain tax positions for the likelihood they would be overturned upon examination by the IRS. In accordance with this guidance, Plan management has determined it does not have any positions at December 31, 2023, that it would be unable to substantiate.

Note 3 – Certified Investment Information

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

FOUNDCARE, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 3 – Certified Investment Information, Continued

Accordingly, Nationwide Trust Company, FSB and Nationwide Life Insurance Company, qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental information is complete and accurate:

- Investments and notes receivable from participants, as shown on the statements of net assets available for benefits as of December 31, 2023 and 2022;
- Net investment income and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2023; and
- Investment information included in the schedule of assets (held at end of year) as of December 31, 2023, as shown on the ERISA-required supplemental schedule.

At the request of the Plan's Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related investment information included in the financial statements, including the disclosures related to the investments to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP, and in the ERISA-required supplemental information, including assessing whether the supplemental information is in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Note 4 – Fair Value Measurements

Accounting guidance provides a framework for measuring fair value and provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1	Unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access.
Level 2	Quoted prices for identical or similar assets or liabilities in inactive or active markets, respectively; inputs other than quoted prices that are observable for the asset or liability; and inputs derived principally from observable market data for substantially the full term of the assets or liabilities.
Level 3	Significant unobservable inputs.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2023 and 2022. During the year ended December 31, 2023, there were no transfers of financial instruments into or out of Level 3. The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds – fair value is measured at quoted market prices that represent the net asset value (NAV) of shares held by the Plan at year end. The mutual funds are deemed to be actively traded and are therefore considered Level 1 investments within the fair value hierarchy.

FOUNDCARE, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 4 – Fair Value Measurements, Continued

Money market fund – measured at net asset value (NAV) of \$1 and actively traded at NAV on national exchanges.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments, measured at fair value, on a recurring basis, as of December 31, 2023 and 2022:

Fair Value Measurements as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 5,231,752	\$ -	\$ -	\$ 5,231,752
Money market fund	<u>194,459</u>	<u>-</u>	<u>-</u>	<u>194,459</u>
Investments, at fair value	<u>\$ 5,426,211</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,426,211</u>
Fair Value Measurements as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 4,382,389	\$ -	\$ -	\$ 4,382,389
Money market fund	<u>124,290</u>	<u>-</u>	<u>-</u>	<u>124,290</u>
Investments, at fair value	<u>\$ 4,506,679</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,506,679</u>

Note 5 – Group Annuity Contract with Insurance Company

The Plan invests in a traditional fully benefit responsive group annuity contract issued by NLI (the issuer), with a contract value of \$605,700 and \$519,144 at December 31, 2023 and 2022, respectively. NLI maintains contributions in a general account. The account is credited with earnings of the underlying investments and charged for participant withdrawals and administrative expenses. NLI is contractually obligated to repay the principal and a specified interest rate to the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

The crediting interest rate is based on a formula agreed upon with NLI. Such contract crediting interest rate is reset annually. For the year ended December 31, 2023, the crediting rate was 3.50%. There are no reserves against contract value for credit risk of NLI.

Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. In addition, certain events allow NLI to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuers. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with NLI and that also would limit the ability of the Plan to transact at contract value with the participants.

FOUNDCARE, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 5 – Group Annuity Contract with Insurance Company, Continued

Certain events may limit the Plan's ability to transact at contract value with NLI. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with the participants are probable of occurring. NLI is not permitted to terminate the contract prior to the scheduled maturity date.

Based on ongoing credit evaluations of its guaranteed investment contract investment, Plan management does not expect payment defaults or delinquencies and has not recorded an allowance for credit losses for this investment as of December 31, 2023.

Note 6 – Party-In-Interest Transactions

Parties-in-interest are defined under DOL Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer, and certain others. The Plan's investments include shares of mutual funds, money market fund, and a group annuity contract managed, administered and/or issued by NLI and Nationwide, the Custodian and Trustee, respectively. Therefore, transactions with NLI and Nationwide, as well as their affiliates qualify as party-in-interest transactions. Notes receivable from participants are also considered party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibited transaction rules under ERISA.

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

Note 7 – Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor 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, all participant accounts will become fully vested in the Employer's contribution portion of their accounts.

Note 8 – Tax Status

On March 1, 2017, the IRS stated that the volume submitter 403(b) plan adopted by the Plan, as then designed, qualifies under Section 403(b) of the Internal Revenue Code (IRC) and, therefore, the Plan and its related trust are tax-exempt. The Plan has not received a determination letter specific to the Plan itself. The Plan Administrator and the Plan's tax counsel believe that the Plan is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2020.

Note 9 – Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed both the 2023 and 2022 excess contributions to the applicable participants in the subsequent year.

FOUNDCARE, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 10 – Delinquent Participant Contributions

During the years ended December 31, 2023 and 2022, certain participant contributions and loan repayments totaling \$128,299 and \$61,238, respectively, were not remitted to the Plan within the period prescribed by DOL regulations. These transactions constitute non-exempt party-in-interest transactions as defined by ERISA. The Employer is in the process of correcting these transactions. The 2022 Participant contributions and loan repayment and lost earnings were remitted (or are expected to be remitted) to the Plan during 2023. The 2023 Participant contributions and loan repayment and lost earnings are expected to be remitted to the Plan during the year ending December 31, 2025.

Note 11 – Subsequent Events

The Plan evaluated events occurring subsequent to December 31, 2023 through July 25, 2025, the date on which the financial statements were available to be issued, for matters that should be recorded in the financial statements or disclosed in the footnotes thereto.

SUPPLEMENTAL INFORMATION

FOUNDCARE, INC. RETIREMENT PLAN**SPONSOR'S EIN: 54-2083748****PLAN NUMBER: 001****SCHEDULE H, Line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the Year Ended December 31, 2023**

Year	Check if Late Loan Repayments Are Included	Participant Contributions Transferred Late To Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2023	✓	<u>\$ 128,299</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 128,299</u>	<u>\$ -</u>
2022	✓	<u>\$ 61,238</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 61,238</u>

FOUNDCARE, INC. RETIREMENT PLAN

SPONSOR'S EIN: 54-2083748

PLAN NUMBER: 001

SCHEDULE H, Line 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b) Identity of issue or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Mutual funds:			
	Aberdeen	U.S. Sustainable Leaders Fund Institutional Service Class	**	\$ 12,941
	AIM	Small Cap Growth Fund - Investor Class	**	3,518
	Alliance Bernstein	Global Bond Institutional Class	**	10,519
	American Century	Ultra Fund Class R6	**	20,287
	American Century	Disciplined Core Value Fund Class A	**	4,937
	American Century	International Growth Fund Class A	**	3,302
	American Century	Equity Growth Fund A Class	**	1,729
	American Funds	EuroPacific Growth Fund Class R-6	**	108,816
	AVANTIS	U.S. Large Cap Value Fund	**	17,906
	AVANTIS	U.S. Small Cap Value Fund - Institutional Class	**	6,662
	BlackRock	Mid-Cap Growth Equity Portfolio Investor A	**	19,721
	BlackRock	High Yield Bond Institutional Class	**	15,041
	BlackRock	Total Return Fund Investor Class A	**	8,982
	BNY Mellon	Small/Mid Cap Growth Fund Class I	**	13,167
	Buffalo	Growth Fund	**	3,489
	Columbia	Contrarian Core Fund Institutional Class	**	68,063
	Columbia	Select Mid Cap Value Fund Class A	**	31,080
	Delaware	Small Cap Value Fund Institutional Class	**	49,766
	DFA	Emerging Markets Core Equity Portfolio Institutional Class	**	16,035
	Diamond Hill	Mid Cap Fund Class I	**	10,098
	Dodge & Cox	International Stock Fund Class I	**	20,588
	Fidelity	500 Index Fund	**	141,927
	Fidelity	Advisor Leveraged Company Stock Fund Class A	**	26,825
	Fidelity	US Bond Index Fund	**	24,320
	Fidelity	International Index Fund	**	20,710
	Goldman Sachs	Large Cap Core Fund Class A	**	32,117
	Goldman Sachs	GQG Partners International Opportunities Fund Class R6	**	20,928
	Heartland	Value Plus Fund Investor	**	3,397
	Invesco	Oppenheimer International Growth Fund Class A	**	60,279
	Invesco	Global Opportunities Fund Class A	**	57,865
	Invesco	Discovery Mid Cap Growth Fund Class A	**	7,129
	Invesco	Quality Income Fund Class A	**	1,695
	JPMorgan	Large Cap Growth Fund Class R6	**	312,045
	JPMorgan	Small Cap Equity Fund Class R5	**	123,616
	JPMorgan	Equity Income Fund Class R5	**	69,198
	JPMorgan	Small Cap Equity Fund Class R6	**	40,373
	JPMorgan	Large Cap Value Fund Class R5	**	31,215
	JPMorgan	Growth Advantage Fund Class R6	**	20,217
	Loomis	Investment Grade Bond Fund Class A	**	1,690
	Lord Abbett	Fundamental Equity Fund Class A	**	6,922
	MFS	Mid Cap Growth Fund Class R6	**	9,782
*	Nationwide	Investor Destinations Moderate Fund Class R6	**	1,583,382
*	Nationwide	Investor Destinations Moderately Aggressive Fund Class R6	**	663,273
*	Nationwide	Investor Destinations Moderately Conservative Fund Service Class	**	236,308

FOUNDCARE, INC. RETIREMENT PLAN

SPONSOR'S EIN: 54-2083748

PLAN NUMBER: 001

**SCHEDULE H, Line 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
December 31, 2023**

(a)	(b) Identity of issue or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Mutual funds:			
*	Nationwide	Investor Destinations Aggressive Fund Class R6	**	\$ 182,036
*	Nationwide	Investor Destinations Conservative Fund Class R6	**	66,981
*	Nationwide	Investor Destinations Moderately Conservative Fund Class R6	**	48,332
*	Nationwide	Investor Destinations Conservative Fund Service Class	**	47,839
*	Nationwide	Loomis All Cap Growth Fund Class R6	**	17,681
	Parnassus	Value Equity Fund Institutional Class	**	105,272
	Parnassus	Core Equity Fund Institutional Class	**	50,056
	Parnassus	Mid Cap Fund	**	4,258
	PGIM	Total Return Bond Fund -Class R6	**	29,448
	PGIM	Focus Growth Fund A	**	7,113
	PIMCO	Long-Term U.S. Government Fund	**	11,881
	PIMCO	CommodityRealReturn Strategy Fund Class A	**	8,952
	PIMCO	StocksPLUS Intl (USD-Hedged) Institutional Fund	**	32,076
	PIMCO	Real Return Fund Institutional Class	**	13,620
	PIMCO	RealEstateRealReturn Institutional Fund	**	12,106
	Principal	Real Estate Securities Fund Institutional Class	**	106,126
	Principal	Equity Income Fund Institutional Class	**	25,738
	Principal	Global Real Estate Securities Fund Institutional Class	**	11,570
	Ridgeworth	Large Cap Value Equities I +	**	51,910
	Ridgeworth	Mid Cap Value Equities I +	**	16,969
	Putnam	International Capital Opportunities Fund	**	40,313
	TRowePrice	Mid-Cap Growth Fund Class R	**	138,056
	Vanguard	Short-Term Treasury Fund Admiral Class	**	151,318
	Vanguard	Vanguard Strategic Equity Fund Investor Class	**	32,344
	Vanguard	Long-Term Treasury Fund Admiral Class	**	17,900
	Vanguard	Explorer Fund Admiral Class	**	6,672
	Allspring	Large Cap Growth Fund - Class A	**	6,824
	Allspring	Premier Large Company Growth Fund - Class A	**	5
	Total mutual funds			5,231,752
	Group annuity contract:			
*	Nationwide	Best of America Fixed Account	**	605,700
	Money market fund:			
*	Nationwide	Government Money Market Fund Class R6	**	194,459
	Total investments			6,031,911
*	Notes receivable from participants	Loans to participants, interest rates ranging from 9.75%-10.50%, various maturities.	-	99,726
	Total assets held			<u>\$ 6,131,637</u>

* Indicates party-in-interest to the Plan

** Column (d) cost information not required as accounts are participant directed.

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

Name of Plan:

► FOUNDCARE, INC. RETIREMENT PLAN

Employer Identification Number: ►

54-2083748

For plan year (beginning/ending): ►

1/1/2023-12/31/2023

Plan number: ► 001

(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
	AB GLBL BD I	MUTUAL FUND		10401
	AMCENT ULTRA R6	MUTUAL FUND		20246
	AMFDS EUROPACFC GR R6	MUTUAL FUND		108297
	BLKRK HI YLD BD INST	MUTUAL FUND		14876
	BNYMEL SMMDCAP GR I	MUTUAL FUND		13149
	BUF GR RTL	MUTUAL FUND		3478
	DE SMCAP VAL INST	MUTUAL FUND		49415
	DFA EMRG MKT COR EQ INST	MUTUAL FUND		15803
	DIAMOND HILL MDCAP I	MUTUAL FUND		9961
	DODGECOX INTL STK CLASS I	MUTUAL FUND		20299
	FID 500 INDX	MUTUAL FUND		140,399.00
	FID INTL INDX	MUTUAL FUND		20,421.00
	FID US BD INDX	MUTUAL FUND		24,040.00
	GDMNSCS GQGPTNRINTLOPPR R6	MUTUAL FUND		20,639.00
	JPM EQ INC R5	MUTUAL FUND		68,891.00
	JPM GR ADVTG R6	MUTUAL FUND		20,176.00
	JPM LGCAP GR R6	MUTUAL FUND		311,089.00
	JPM LGCAP VAL R5	MUTUAL FUND		31,129.00
	JPM SMCAP EQ R5	MUTUAL FUND		123,556.00
	JPM SMCAP GR R6	MUTUAL FUND		40,152.00
	MFS MDCAP GR R6	MUTUAL FUND		9645
	NW INV DEST AGGR R6	MUTUAL FUND		180,995.00
	NW INV DEST CNSRV R6	MUTUAL FUND		66492
	NW INV DEST MOD AGGR R6	MUTUAL FUND		657507
	NW INV DEST MOD CNSRV R6	MUTUAL FUND		234796
	NW INV DEST MOD R6	MUTUAL FUND		1602168
	NW LOOMIS ALLCAP GR R6	MUTUAL FUND		17433
	PARNASSUS COR EQ INST	MUTUAL FUND		50012
	PARNASSUS VALUE EQUITY FUND INST SHARE	MUTUAL FUND		105163
	PGIM TTL RTN BD R6	MUTUAL FUND		29081
	PIMCO LT US GOV INST	MUTUAL FUND		11811
	PIMCO REAL RTN INST	MUTUAL FUND		13449
	PIMCO RLESTRLRTNSTRAT INST	MUTUAL FUND		12035
	PIMCO STKPLSINTDLRHDG INST	MUTUAL FUND		31982
	PRNCPL EQ INC I INST	MUTUAL FUND		25727
	PRNCPL GLBL REALEST INST	MUTUAL FUND		11418
	PRNCPL REALEST SEC INST	MUTUAL FUND		105958
	VNGRD EXPLR ADML	MUTUAL FUND		6588
	VNGRD LT TRSRY ADML	MUTUAL FUND		17793
	VNGRD ST TRSRY ADML	MUTUAL FUND		151013
	VNGRD STRAT EQ INV	MUTUAL FUND		32243
	AVNTS US SMCAP VAL INST	MUTUAL FUND		6578
	NATIONWIDE GOVERNMENT MONEY MARKET F	MUTUAL FUND		194450
	COL CONTRA COR INST2	MUTUAL FUND		67942
	PARNASSUS MDCAP	MUTUAL FUND		4191
	AVNTS US LGCAP VAL INST	MUTUAL FUND		17658
	AIM SMCAP GR INV	MUTUAL FUND		3507
	INVSCO AM FRNCHS A	MUTUAL FUND		44730
	INVSCO DISC MDCAPGR A	MUTUAL FUND		7129
	ABRDEN USSTNBLLDR INSTSV	MUTUAL FUND		12941
	INVSCO QULTY INC A	MUTUAL FUND		1695
	INVSCO OPP INTL GR A	MUTUAL FUND		60233
	INVSCO GLBL OPRR A	MUTUAL FUND		57586
	AMCENT DSCPLD COR VAL A	MUTUAL FUND		4937
	PUB-AMCENT EQ GR A	MUTUAL FUND		1729
	AMCENT INTL GR A	MUTUAL FUND		3302
	BLKRK MDCAP GR EQ INV A	MUTUAL FUND		19703
	PUB-BLKRK TTL RTN INV A	MUTUAL FUND		8891
	COL SEL MDCAP VAL A	MUTUAL FUND		31069
	FIDADV LEVR CO STK A	MUTUAL FUND		26825
	GDMNSCS LGCAP GR INSGHTS A	MUTUAL FUND		32062
	HEARTLAND VAL PLS INV	MUTUAL FUND		3386
	NATIXIS LOOMIS INVMTRGRBD A	MUTUAL FUND		1690
	LRDABT FDMNTL EQ A	MUTUAL FUND		6899
	NW INV DEST MOD CNSRV SVC	MUTUAL FUND		48332

NW INV DEST CNSRV SVC	MUTUAL FUND		47839
PIMCO COMDTYREALRTNSTRAT A	MUTUAL FUND		8815
PGIM JNISN FOCS GR A	MUTUAL FUND		7091
PTNM INTL CAP OPPR A	MUTUAL FUND		40302
TROWEPR MDCAP GR R	MUTUAL FUND		137918
PUB-RS PTNRS A	MUTUAL FUND		1744
PUB-RDGWRTH MIDCAP VAL EQ I	MUTUAL FUND		16969
PUB-RDGWRTH LGCAP VAL EQ I	MUTUAL FUND		51504
WF LGCAP GR A	MUTUAL FUND		6824
WF PRMR LG CO GR A	MUTUAL FUND		5
BEST OF AMERICA-FIXED	UNALLOCATED CONTRACT		605700
0 PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 5.25% - 10.50% MATURITY DATE 12/14/2028		99726