

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] 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: [x] 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: ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(B) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1992
2a Plan sponsor's name (employer, if for a single-employer plan): ROBERT F. KENNEDY COMMUNITY ALLIANCE, INC.
2b Employer Identification Number (EIN): 04-2103834
2c Plan Sponsor's telephone number: 978-368-6440
2d Business code (see instructions): 611000

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	600
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)	394
	6a(2)	445
	6b	0
	6c	253
	6d	698
	6e	0
	6f	698
	6g(1)	479
	6g(2)	477
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:
2F 2G 2L 2M 3D

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(B) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ROBERT F. KENNEDY COMMUNITY ALLIANCE, INC.		D Employer Identification Number (EIN) 04-2103834

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

1 Coverage Information:

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	372830	150	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	3776653
5	Current value of plan's interest under this contract in separate accounts at year end.....	7257290
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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 3950873
c	Additions: (1) Contributions deposited during the year	7c(1) 69506
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 158625
	(4) Transferred from separate account	7c(4) 207244
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 435375
d	Total of balance and additions (add lines 7b and 7c(6))	7d 4386248
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 238452
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 365995
	(4) Other (specify below)..... ▶ LOAN ACTIVITY, MISCELLANEOUS	7e(4) 5148
(5) Total deductions	7e(5) 609595	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 3776653

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ROBERT F. KENNEDY COMMUNITY ALLIANCE, INC.	D Employer Identification Number (EIN) 04-2103834	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

(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)

TIAA

730 THIRD AVE
NEW YORK, NY 10017

13-1624203

(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 18 19 37 49 59 60 63 63 99	RECORD KEEPER, CUSTODIAN	43726	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AEGIS RETIREMENT PARTNERS

12 POND LANE
DAMONMILL SUITE EB-2S
CONCORD, MA 01742

81-5017344

(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?
13 17 37 50 70 99	TPA, FIDUCIARY ADVISOR	42730	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(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

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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ROBERT F. KENNEDY COMMUNITY ALLIANCE, INC.	D Employer Identification Number (EIN) 04-2103834

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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	23689	
(2) Participant contributions	1b(2)	45041	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	39894	48885
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	327882	271541
(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)	20844347	24150800
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3950873	3776653
(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	25231726	28247879
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	25231726	28247879

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)	661944	
(B) Participants.....	2a(1)(B)	1262076	
(C) Others (including rollovers).....	2a(1)(C)	490545	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2414565
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)	1698	
(F) Other.....	2b(1)(F)	158625	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		160323
(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)	449569	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		449569
(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)		-12374
(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)		2321467
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5333550

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2218615	
(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)		2218615
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		13007
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	43045	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	42730	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		85775
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2317397

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3016153
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: **LEONARD, MULHERIN & GREENE P.C.** (2) EIN: **04-3108635**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROBERT F. KENNEDY COMMUNITY ALLIANCE, INC.</u>	D Employer Identification Number (EIN) <u>04-2103834</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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): <u>13-1624203</u>		
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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500746A.

**ROBERT F. KENNEDY COMMUNITY ALLIANCE
403(b) PLAN**

Financial Statements and Supplemental Schedule
to Accompany 2024 Form 5500 Annual Report
of Employee Benefit Plan Under ERISA of 1974

Years ended December 31, 2024 and 2023

ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(b) PLAN

Financial Statements and Supplemental Schedule
December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Robert F. Kennedy Community Alliance 403(b) Plan
Lancaster, Massachusetts

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

We have performed audits of the accompanying financial statements of Robert F. Kennedy Community Alliance 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, 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 of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the 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.
- the information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

INDEPENDENT AUDITOR'S REPORT (continued)

Basis for Opinion

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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 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 generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

INDEPENDENT AUDITOR'S REPORT (continued)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

- 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 accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, 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 schedule, 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 generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

**INDEPENDENT AUDITOR'S REPORT
(continued)**

Supplemental Schedule Required by ERISA (continued)

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 schedule, 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 schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Leonard, Mulherin & Greene, P.C.

LEONARD, MULHERIN & GREENE, P.C.
Braintree, Massachusetts

August 1, 2025

ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(b) PLAN

Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value	\$ 27,509,786	\$ 24,218,397
Investments, at contract value	689,208	904,705
Receivables		
Employer contributions	-	23,689
Employee contributions	-	45,041
Notes receivable from participants	48,885	39,894
Total receivables	48,885	108,624
Total assets	28,247,879	25,231,726
Net assets available for benefits	\$ 28,247,879	\$ 25,231,726

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

ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(b) PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2024 and 2023

	2024	2023
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 2,433,990	\$ 3,058,835
Interest and dividends	483,297	445,164
Total investment income	2,917,287	3,503,999
Interest income on notes receivable from participants	1,698	1,988
Contributions		
Participant	1,262,076	1,202,378
Employer	661,944	675,169
Rollover	490,545	25,195
Total contributions	2,414,565	1,902,742
Total additions	5,333,550	5,408,729
Deductions from net assets attributed to:		
Benefit payments to participants	2,231,622	1,781,645
Administrative expenses	85,775	67,270
Total deductions	2,317,397	1,848,915
Net increase	3,016,153	3,559,814
Net assets available for benefits, beginning of year	25,231,726	21,671,912
Net assets available for benefits, end of year	\$ 28,247,879	\$ 25,231,726

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

ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(b) PLAN

Notes to Financial Statements
December 31, 2024 and 2023

1 – DESCRIPTION OF THE PLAN

General

Robert F. Kennedy Community Alliance 403(b) Plan (the "Plan") is a defined contribution plan for the benefit of employees of Robert F. Kennedy Community Alliance, Inc. (the "Organization"). The Plan is funded by contributions from its participants and the Organization and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The following description of the Plan provides general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Eligibility for Participation

Employees who normally work more than 20 hours per week are eligible to make salary deferral contributions as of the beginning of employment. Employees are eligible for employer matching contributions after attainment of 20 years of age and completing one year of service, during which they have worked at least 1,000 hours (and normally work 20 hours or more per week). Non-highly compensated employees are eligible for discretionary employer contributions.

Employee Elective Deferred Contributions

Employees participating in the Plan may elect to defer a percentage of their annual earnings as their contribution to the Plan, subject to the limitations described in the Internal Revenue Code. The Plan provides for employee pre-tax and Roth contributions. Employee contributions in the form of rollovers and transfers from other qualified retirement plans are allowed as defined in the Plan document.

Employer Safe Harbor Matching Contributions

The Organization makes matching contributions to the Plan equal to 100% of participant's contributions up to 5% of eligible compensation.

Discretionary Employer Contributions

The Plan allows for discretionary employer contributions that are determined on a quarterly basis. There were no discretionary employer contributions for the years ended December 31, 2024 and 2023.

Vesting

Participants are immediately vested 100% in their voluntary contributions as well as all employer contributions, plus actual earnings thereon.

Participant Accounts

Accounts are maintained for each participant. Accounts are increased for contributions, transfers and for an allocation of investment income based on the relationship of each participant's account within each investment fund to the total fund. Accounts are decreased for withdrawals made by participants, administrative expenses, and for an allocation of investment losses based upon the relationship of each participant's account within each investment fund to the total fund.

ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(b) PLAN

Notes to Financial Statements
December 31, 2024 and 2023

1 – DESCRIPTION OF THE PLAN (continued)

Investment Options

Teachers Insurance and Annuity Association of America ("TIAA") and College Retirement Equities Fund ("CREF") serve as the custodians for the Plan. Upon enrollment into the Plan, participants may direct employee and employer contributions in whole number percentages into a variety of investments offered by TIAA and CREF.

Notes Receivable from Participants

A participant may borrow from their accounts and are limited to reasons of hardship. The minimum loan amount is \$1,000 and can be up to a maximum amount equal to the lesser of \$50,000 or one half of a participant's vested balance. Only one loan per participant can be outstanding at any time. Notes receivable from participants are secured by the balance in the participant's account and bear interest at the prime rate plus 1%. Principal and interest is paid ratably through payroll deductions.

In-service Withdrawals

In-service withdrawals may only be made under the following circumstances:

- Hardship as defined in the Internal Revenue Code and the Plan document
- Attainment of age 59 ½
- Disability

Retirement Benefits

The normal retirement age under the Plan is age 65. Certain participants may be eligible for early retirement subject to the provisions in the Plan document. A participant who becomes disabled as defined in the Plan document is eligible for disability retirement.

Payment of Benefits

Upon termination of service from the Organization, a participant may elect to receive the vested portion of their account in the form of a single lump sum or any other form of settlement available from the manager of the investment fund in which the participant's account or portion thereof is invested. All participants can elect a lump sum distribution or leave their vested balance in the Plan. Effective September 15, 2024, a participant with an accumulated balance of \$5,000 or less will receive a distribution of their balance at the discretion of the Organization.

Timing of Distributions

Distributions described above shall be made as soon as reasonably practicable following the date the participant's application for distribution is received by the custodians.

As of December 31, 2024 and 2023, there were no distributions payable to participants.

Administrative Expenses

Certain administrative expenses incurred by the Plan are paid by the Plan and other administrative expenses are paid by the Organization.

Participant-Directed Contributions, Withdrawals and Transfers

The manner of electing to allocate contributions between the investment options, and any decision to change such allocation, is made by the participant as permitted by the custodians. Withdrawals and transfers are recorded at the time such transactions take place.

ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(b) PLAN

Notes to Financial Statements
December 31, 2024 and 2023

2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared utilizing the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan Administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period, and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investments

Other than as described below, investments are reported at fair value as described in Note 4. Security transactions are accounted for as of the date the securities are purchased or sold (trade date). Interest income is recorded as earned and, for money market instruments, includes amortization of discount and premium. Dividend income is recorded on the ex-dividend date or, for certain foreign securities, as soon as the investment funds are informed of the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains (losses) on investments bought and sold as well as held during the year.

The Plan invests in a fixed rate annuity contract (TIAA Traditional Annuity), a portion of which is considered to be fully benefit responsive. As required by GAAP, the Statements of Net Assets Available for Benefits presents the fair value of the investment in the fixed rate annuity contract for the non-benefit responsive portion and contract value for the fully benefit responsive portion. See Note 4 and Note 5 for additional information.

The Plan invests in the TIAA Stable Value Fund, which is fully benefit responsive and reported at contract value.

Each participant's assets are jointly invested and the return on assets is allocated monthly among the participants and recorded as income or loss. The basis of allocation is the unit of participation method. Under this method, contributions and income result in an increase of units of participation while benefits paid and losses result in a decrease of units of participation.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

Payment of Benefits

Benefits are recorded when processed and approved for payment.

ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(b) PLAN

Notes to Financial Statements
December 31, 2024 and 2023

2 – SUMMARY OF ACCOUNTING POLICIES (continued)

Risks and Uncertainties

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

Subsequent Events

The Plan Administrator evaluated events that occurred after December 31, 2024, the date of the Statement of Net Assets Available for Benefits, but before the date the financial statements were available to be issued, August 1, 2025, for potential recognition or disclosure in the financial statements. The Plan Administrator did not identify any subsequent events that had a material effect on the accompanying financial statements.

3 – INFORMATION CERTIFIED BY CUSTODIANS

Unaudited information included in the Plan's financial statements and supplemental Schedule of Assets (Held at End of Year) was prepared by the Plan's custodians and furnished to the Plan Administrator and includes all Plan assets (except for the effects of participant and employer contributions receivables, if any) and all investment transactions. The Plan Administrator has obtained certifications from the custodians that such information is complete and accurate.

4 – FAIR VALUE MEASUREMENTS

The Plan applies the provisions of GAAP, which establish 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), a lower priority to significant other observable inputs (Level 2 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under these provisions are described below:

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

CREF Variable Annuity Accounts

These accounts invest principally in equity securities, fixed-income instruments, and short-term instruments in accordance with each portfolio's investment objectives. Account investments are primarily valued using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments including matrix pricing. CREF Money Market Account holdings are generally valued at amortized cost. Each account determines its unit value each day, which are published by National Association of Securities Dealers Automated Quotations ("NASDAQ").

ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(b) PLAN

Notes to Financial Statements
December 31, 2024 and 2023

4 – FAIR VALUE MEASUREMENTS (continued)

TIAA Pooled Separate Account

The Pooled Separate Account invests in the TIAA Real Estate Account (“REA”), which consists of real estate properties and real estate-related investments. The REA's value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on professional's opinion. The REA sometimes holds securities as well. These are generally priced using values obtained from independent pricing sources. Unit values are calculated each day and are published by NASDAQ.

TIAA Access Annuity Accounts

The TIAA Access Annuity Accounts consist of a variable annuity product that is funded through TIAA Separate Account VA-3 (VA-3), a separate investment account of TIAA, which is registered with the U.S. Securities Exchange Commission as an investment company under the Investment Company Act of 1940. VA-3 invests in proprietary and nonproprietary mutual funds through various subaccounts. Subaccount unit values are calculated daily and are published by TIAA. The underlying investments are generally valued using market quotations obtained from independent pricing services.

Mutual Funds

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

Level 2 – Inputs to the valuation methodology include:

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

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

TIAA Insurance Investment Account

The TIAA Insurance Investment Account consists of the non benefit responsive TIAA Traditional Annuity Account and is reported at contract value. The contract value of the TIAA Traditional Annuity Account equals the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals and transfers, if any. The TIAA Traditional Annuity Account is not available for sale or transfer on any securities exchange. Accordingly, transactions in similar investment instruments are not observable; however contract value provides a reasonable approximation of fair value.

ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(b) PLAN

Notes to Financial Statements
December 31, 2024 and 2023

4 – FAIR VALUE MEASUREMENTS (continued)

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

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 present by level, within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2024 and 2023.

Description	Total 2024	Level 1	Level 2	Level 3
CREF variable annuity accounts	\$ 6,367,239	\$ 6,367,239	\$ -	\$ -
Mutual funds	17,165,050	17,165,050	-	-
TIAA insurance investment account	3,087,445	-	-	3,087,445
TIAA access annuity accounts	618,511	618,511	-	-
TIAA pooled separate account	271,541	271,541	-	-
Investments at fair value	\$27,509,786	\$24,422,341	\$ -	\$3,087,445

Description	Total 2023	Level 1	Level 2	Level 3
CREF variable annuity accounts	\$ 6,153,920	\$ 6,153,920	\$ -	\$ -
Mutual funds	14,205,041	14,205,041	-	-
TIAA insurance investment account	3,046,168	-	-	3,046,168
TIAA access annuity accounts	485,386	485,386	-	-
TIAA pooled separate account	327,882	327,882	-	-
Investments at fair value	\$24,218,397	\$21,172,229	\$ -	\$3,046,168

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2024 and 2023:

	2024 TIAA Insurance Investment Account Non Benefit Responsive	2023 TIAA Insurance Investment Account Non Benefit Responsive
Balance, beginning of year	\$3,046,168	\$2,928,925
Contributions	29,266	23,623
Realized gains (losses)	28,861	41,683
Unrealized gains (losses)	72,580	56,137
Interest earnings	33,382	38,182
Withdrawals, distributions and fees	(129,818)	(174,626)
Transfers in (out), net	7,006	132,244
Balance, end of year	\$3,087,445	\$3,046,168

ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(b) PLAN

Notes to Financial Statements
December 31, 2024 and 2023

5 – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The TIAA Traditional Annuity is a fixed rate annuity contract that is fully and unconditionally guaranteed by TIAA. During the accumulation phase, the TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum rate of interest between 1% and 3% and the potential for additional interest if declared by TIAA.

Additional interest, when declared remains in effect for the “declaration year”, which begins each March 1. Additional interest is not guaranteed for future years. When the contract value accumulation (plan asset) of TIAA Traditional Annuity is converted to an annuity (plan withdrawal) based on life expectancy, the present value of the stream of payments is equal to the accumulation. The crediting rate is supported by the investment performance of a large, diversified portfolio (TIAA’s General Account), is correlated with the highest quality debt security yields, and is adjusted for contract liquidity. The TIAA Traditional Annuity is fully and unconditionally guaranteed and backed by the claims-paying ability of TIAA.

6 – NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants at December 31, 2024 and 2023 consisted of the following:

	Participants	Various Due Dates Through	Interest	Amount
2024	3	6/6/2030	4.25% - 9.50%	\$48,885
2023	2	3/12/2032	4.25% – 4.50%	\$39,894

7 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

8 – INCOME TAX STATUS

The Organization has adopted the Aegis Retirement Partners, LLC (“Aegis”) Volume Submitter 403(b) Basic Plan Document #08 for its Plan document. Aegis obtained an advisory letter from the Internal Revenue Service indicating its Volume Submitter 403(b) Basic Plan Document #08 is acceptable under Internal Revenue Code Section 403(b).

Although the Organization has amended the adopted plan document, the Organization and the Plan’s tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable sections of the Internal Revenue Code. 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 2021.

ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(b) PLAN

Notes to Financial Statements
December 31, 2024 and 2023

9 – PARTY-IN-INTEREST TRANSACTIONS

Plan investments consist of shares of various accounts and funds managed by TIAA and CREF. TIAA and CREF are the custodians of the Plan's assets and, therefore, these transactions qualify as party-in-interest.

During the years ended December 31, 2024 and 2023, administrative services were provided to the Plan by TIAA and CREF, the custodians, and Aegis Retirement Partners, third party administrator and fiduciary advisor to the Plan.

The Organization provides certain administrative services at no cost to the Plan. The Organization also pays for certain administrative costs of the Plan.

SUPPLEMENTAL SCHEDULE

ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(b) PLAN

SCHEDULE H, PART IV, LINE 4(i)
Schedule of Assets (Held at End of Year)
December 31, 2024

Federal Identification Number: 04-2103834

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	TIAA Insurance Investment Accounts			
*	TIAA Traditional Annuity-Non Benefit Responsive	Insurance investment account	** \$	3,087,445
*	TIAA Stable Value Fund	Insurance investment account	**	662,627
*	TIAA Traditional Annuity-Benefit Responsive	Insurance investment account	**	26,581
	TIAA Pooled Separate Account			
*	TIAA Real Estate	Pooled separate account	**	271,541
	CREF Variable Annuity Accounts			
*	Stock	Variable annuity account	**	2,064,535
*	Growth	Variable annuity account	**	1,363,393
*	Equity Index	Variable annuity account	**	1,262,694
*	Global Equities	Variable annuity account	**	854,364
*	Social Choice	Variable annuity account	**	262,216
*	Core Bond	Variable annuity account	**	216,572
*	Inflation-Linked Bond	Variable annuity account	**	209,858
*	Money Market	Variable annuity account	**	133,607
	TIAA Access Annuity Accounts			
*	Nuveen Lifecycle 2025	Variable annuity account	**	210,282
*	Nuveen Large-Cap Growth	Variable annuity account	**	86,666
*	Nuveen Real Estate Securities	Variable annuity account	**	73,866
*	Nuveen Lifecycle 2035	Variable annuity account	**	67,245
*	Nuveen Large-Cap Value	Variable annuity account	**	48,109
*	Nuveen International Equity	Variable annuity account	**	45,505
*	Nuveen Mid-Cap Value	Variable annuity account	**	20,141
*	Nuveen Lifestyle 2040	Variable annuity account	**	15,851
*	Nuveen Small-Cap Equity	Variable annuity account	**	15,162
*	Nuveen Core Bond Plus	Variable annuity account	**	14,225
*	Nuveen Small-Cap Blend Index	Variable annuity account	**	10,858
*	Nuveen Mid-Cap Growth	Variable annuity account	**	7,165
*	Nuveen Core Equity	Variable annuity account	**	1,795
*	Nuveen Lifecycle 2045	Variable annuity account	**	1,641
	Mutual Funds			
	Vanguard Target Retirement 2030	Mutual fund	**	2,487,723
	Vanguard Target Retirement 2035	Mutual fund	**	2,280,923
	Vanguard Target Retirement 2025	Mutual fund	**	2,038,549
	Vanguard Target Retirement 2050	Mutual fund	**	1,869,691
	Vanguard Target Retirement 2045	Mutual fund	**	1,531,961
	Vanguard 500 Index	Mutual fund	**	1,296,672
	Vanguard Target Retirement 2040	Mutual fund	**	1,282,463

ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(b) PLAN

SCHEDULE H, PART IV, LINE 4(i)
Schedule of Assets (Held at End of Year)
December 31, 2024
(continued)

Federal Identification Number: 04-2103834
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual Funds (continued)				
		Mutual fund	**	1,178,144
		Mutual fund	**	699,648
		Mutual fund	**	336,034
		Mutual fund	**	333,487
		Mutual fund	**	236,886
		Mutual fund	**	217,461
		Mutual fund	**	148,464
		Mutual fund	**	143,108
		Mutual fund	**	109,829
		Mutual fund	**	107,972
		Mutual fund	**	102,769
		Mutual fund	**	99,538
		Mutual fund	**	82,779
		Mutual fund	**	81,795
		Mutual fund	**	77,546
		Mutual fund	**	62,084
		Mutual fund	**	60,095
		Mutual fund	**	55,055
		Mutual fund	**	50,961
		Mutual fund	**	37,529
		Mutual fund	**	36,315
		Mutual fund	**	29,858
		Mutual fund	**	29,331
		Mutual fund	**	26,134
		Mutual fund	**	19,006
		Mutual fund	**	15,240
Participant loans		Participant loans receivable (4.25%-9.50%)	-	48,885
			\$	28,247,879

* Represents a party-in-interest to the Plan.

** Cost information is omitted, as these investments are participant-directed.

ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(b) PLAN

SCHEDULE H, PART IV, LINE 4(i)
Schedule of Assets (Held at End of Year)
December 31, 2024

Federal Identification Number: 04-2103834

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	TIAA Insurance Investment Accounts			
*	TIAA Traditional Annuity-Non Benefit Responsive	Insurance investment account	** \$	3,087,445
*	TIAA Stable Value Fund	Insurance investment account	**	662,627
*	TIAA Traditional Annuity-Benefit Responsive	Insurance investment account	**	26,581
	TIAA Pooled Separate Account			
*	TIAA Real Estate	Pooled separate account	**	271,541
	CREF Variable Annuity Accounts			
*	Stock	Variable annuity account	**	2,064,535
*	Growth	Variable annuity account	**	1,363,393
*	Equity Index	Variable annuity account	**	1,262,694
*	Global Equities	Variable annuity account	**	854,364
*	Social Choice	Variable annuity account	**	262,216
*	Core Bond	Variable annuity account	**	216,572
*	Inflation-Linked Bond	Variable annuity account	**	209,858
*	Money Market	Variable annuity account	**	133,607
	TIAA Access Annuity Accounts			
*	Nuveen Lifecycle 2025	Variable annuity account	**	210,282
*	Nuveen Large-Cap Growth	Variable annuity account	**	86,666
*	Nuveen Real Estate Securities	Variable annuity account	**	73,866
*	Nuveen Lifecycle 2035	Variable annuity account	**	67,245
*	Nuveen Large-Cap Value	Variable annuity account	**	48,109
*	Nuveen International Equity	Variable annuity account	**	45,505
*	Nuveen Mid-Cap Value	Variable annuity account	**	20,141
*	Nuveen Lifestyle 2040	Variable annuity account	**	15,851
*	Nuveen Small-Cap Equity	Variable annuity account	**	15,162
*	Nuveen Core Bond Plus	Variable annuity account	**	14,225
*	Nuveen Small-Cap Blend Index	Variable annuity account	**	10,858
*	Nuveen Mid-Cap Growth	Variable annuity account	**	7,165
*	Nuveen Core Equity	Variable annuity account	**	1,795
*	Nuveen Lifecycle 2045	Variable annuity account	**	1,641
	Mutual Funds			
	Vanguard Target Retirement 2030	Mutual fund	**	2,487,723
	Vanguard Target Retirement 2035	Mutual fund	**	2,280,923
	Vanguard Target Retirement 2025	Mutual fund	**	2,038,549
	Vanguard Target Retirement 2050	Mutual fund	**	1,869,691
	Vanguard Target Retirement 2045	Mutual fund	**	1,531,961
	Vanguard 500 Index	Mutual fund	**	1,296,672
	Vanguard Target Retirement 2040	Mutual fund	**	1,282,463

ROBERT F. KENNEDY COMMUNITY ALLIANCE 403(b) PLAN

SCHEDULE H, PART IV, LINE 4(i)
Schedule of Assets (Held at End of Year)
December 31, 2024
(continued)

Federal Identification Number: 04-2103834
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual Funds (continued)				
		Mutual fund	**	1,178,144
		Mutual fund	**	699,648
		Mutual fund	**	336,034
		Mutual fund	**	333,487
		Mutual fund	**	236,886
		Mutual fund	**	217,461
		Mutual fund	**	148,464
		Mutual fund	**	143,108
		Mutual fund	**	109,829
		Mutual fund	**	107,972
		Mutual fund	**	102,769
		Mutual fund	**	99,538
		Mutual fund	**	82,779
		Mutual fund	**	81,795
		Mutual fund	**	77,546
		Mutual fund	**	62,084
		Mutual fund	**	60,095
		Mutual fund	**	55,055
		Mutual fund	**	50,961
		Mutual fund	**	37,529
		Mutual fund	**	36,315
		Mutual fund	**	29,858
		Mutual fund	**	29,331
		Mutual fund	**	26,134
		Mutual fund	**	19,006
		Mutual fund	**	15,240
Participant loans		Participant loans receivable (4.25%-9.50%)	-	48,885
			\$	28,247,879

* Represents a party-in-interest to the Plan.

** Cost information is omitted, as these investments are participant-directed.