

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: PCC COMMUNITY WELLNESS CENTER 403(B) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 02/01/1996
2a Plan sponsor's name (employer, if for a single-employer plan): PCC COMMUNITY WELLNESS CENTER
2b Employer Identification Number (EIN): 36-3828320
2c Plan Sponsor's telephone number: 708-383-0113
2d Business code (see instructions): 623000

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	637
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)	596
	6a(2)	609
	6b	0
	6c	101
	6d	710
	6e	0
	6f	710
	6g(1)	395
	6g(2)	430
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 2K 2L

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>2</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 _____

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

<p>A Name of plan PCC COMMUNITY WELLNESS CENTER 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PCC COMMUNITY WELLNESS CENTER</p>	<p>D Employer Identification Number (EIN) 36-3828320</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	664286	710	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.

<p>(a) Total amount of commissions paid 443</p>	<p>(b) Total amount of fees paid 0</p>
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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

TRIAD INS NC **5155 PEACHTREE PARKWAY**
SUITE 280
NORCROSS, GA 30092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
392			3

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

OSAIC WEALTH, INC. **18700 N HAYDEN ROAD**
SUITE 255
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40			3

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

HORNOR, TOWNSEND & KENT, LLC.

600 DRESHER ROAD
HORSHAM, PA 19044

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11			3

(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	130118
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 ▶ ANNUITY CONTRACT

b Balance at the end of the previous year	7b	120733	
c Additions: (1) Contributions deposited during the year	7c(1)	36536	
	7c(2)		
	7c(3)	2040	
	7c(4)		
	7c(5)		
	(6) Total additions	7c(6)	38576
d Total of balance and additions (add lines 7b and 7c(6))	7d	159309	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	12776
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	16415
▶ TRANSFERS TO MUTUAL FUNDS			
(5) Total deductions	7e(5)	29191	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	130118	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan PCC COMMUNITY WELLNESS CENTER 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PCC COMMUNITY WELLNESS CENTER</p>	<p>D Employer Identification Number (EIN) 36-3828320</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	VF1953	18	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 870	(b) Total amount of fees paid 0
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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

TRIAD INS INC **5155 PEACHTREE PARKWAY**
SUITE 280
NORCROSS, GA 30092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
794			3

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

OSAIC WEALTH, INC. **18700 N HAYDEN ROAD**
SUITE 255
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
76			3

(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	138803
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	803286

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) 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 ▶ ANNUITY CONTRACT

b Balance at the end of the previous year	7b	141794
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	5292	
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	5292
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d Total of balance and additions (add lines 7b and 7c(6))	7d	147086
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	8283	
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	8283
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	138803
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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 PCC COMMUNITY WELLNESS CENTER 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PCC COMMUNITY WELLNESS CENTER	D Employer Identification Number (EIN) 36-3828320	

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	SERVICE PROVIDER	114319	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	14	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRIAD INS INC

5155 PEACHTREE PARKWAY
SUITE 280
NORCROSS, GA 30092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/DEALER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	45339	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

OSAIC WEALTH, INC.

18700 N HAYDEN ROAD
SUITE 255
SCOTTDALE, AZ 85255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/DEALER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	4583	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

HORNER, TOENSEND & KENT, LLC

600 DRESHER ROAD
HORSHAM, PA 19044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/DEALER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1326	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"/>

(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
HORNER, TOENSEND & KENT, LLC	55	1326
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VOYA FINANCIAL PARTNERS 06-1371577	OTHER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRIAD INS INC	55	45339
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VOYA FINANCIAL PARTNERS 06-1371577	OTHER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OSAIC WEALTH, INC.	55	4583
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VOYA FINANCIAL PARTNERS 06-1371577	OTHER COMMISSIONS	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>PCC COMMUNITY WELLNESS CENTER 403(B) PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PCC COMMUNITY WELLNESS CENTER</u>	D Employer Identification Number (EIN) <u>36-3828320</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA VARIABLE ANNUITY ACCOUNT D</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>803286</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PCC COMMUNITY WELLNESS CENTER 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PCC COMMUNITY WELLNESS CENTER	D Employer Identification Number (EIN) 36-3828320

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets	(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)	
(2) Participant contributions	1b(2)	
(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)	83694
(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)	13932540
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	262527
(15) Other.....	1c(15)	60522
		16685473
		268921

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	14278761	17014916
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	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	14278761	17014916

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)		
(B) Participants.....	2a(1)(B)	1419387	
(C) Others (including rollovers).....	2a(1)(C)	15150	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1434537
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)	6726	
(F) Other.....	2b(1)(F)	7332	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14058
(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)	616076	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		616076
(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)		96178
(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)		1295522
c Other income	2c		38
d Total income. Add all income amounts in column (b) and enter total	2d		3456409

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	605935	
(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)		605935
f Corrective distributions (see instructions)	2f		
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)	114319	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		114319
j Total expenses. Add all expense amounts in column (b) and enter total	2j		720254

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2736155
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: **CRAY, KAISER, LLD**

(2) EIN: **36-2746886**

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>PCC COMMUNITY WELLNESS CENTER 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>PCC COMMUNITY WELLNESS CENTER</u>	D Employer Identification Number (EIN) <u>36-3828320</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): 71-0294708

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)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500551A.

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN

C O N T E N T S

Independent Auditors' Report

Exhibit A - Statements of Net Assets Available for Benefits as of December 31, 2024
and 2023

Exhibit B - Statement of Changes in Net Assets Available for Benefits for the Year
Ended December 31, 2024

Notes to the Financial Statements

Schedule A-1 - Schedule of Assets (Held at End of Year) – December 31, 2024

Independent Auditors' Report

Plan Administrator
PCC Community Wellness Center 403(b) Plan
Oak Park, Illinois

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

We have performed audits of the accompanying financial statements of the PCC Community Wellness Center 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the PCC Community Wellness Center 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' 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 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the PCC Community Wellness Center 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' 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 auditors' 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.

- 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 PCC Community Wellness Center 403(b) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the PCC Community Wellness Center 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule of Assets (Held at End of Year) - 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

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 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).

Respectfully submitted,

A handwritten signature in cursive script that reads "Cray, Kaiser Ltd.".

CRAY, KAISER LTD.
Certified Public Accountants

Oakbrook Terrace, Illinois
August 27, 2025

**PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS:		
Investments at fair value	\$ 16,685,472	\$ 13,932,540
Investments at contract value	268,921	262,527
Total Investments	\$ 16,954,393	\$ 14,195,067
Receivables:		
Notes receivable from participants	\$ 60,522	\$ 83,694
NET ASSETS AVAILABLE FOR BENEFITS	\$ 17,014,915	\$ 14,278,761

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

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:		
Net realized and unrealized appreciation in fair value of investments	\$	1,391,700
Dividends		616,076
Interest credited to general account		7,332
		<hr/>
	\$	2,015,108
		<hr/>
Interest income on notes receivable from participants	\$	6,603
		<hr/>
Contributions:		
Participants	\$	1,419,387
Rollover		15,150
Other income		162
		<hr/>
	\$	1,434,699
		<hr/>
Total Additions	\$	3,456,410

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Distributions to participants	\$	605,937
Administrative expenses		114,319
		<hr/>
Total Deductions	\$	720,256
		<hr/>
NET INCREASE	\$	2,736,154

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of Year		<hr/>
		14,278,761
End of Year	\$	<hr/> <hr/>
		17,014,915

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

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 1 - DESCRIPTION OF PLAN

The following description of the PCC Community Wellness Center 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a contributory, defined contribution plan covering employees of PCC Community Wellness Center (the Organization). Employees are eligible to participate in the plan immediately upon hire. Non-resident aliens, student employees, employees who are eligible to participate in another retirement plan of the Organization, certain part-time employees, and employees whose contributions would be no greater than \$200 are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974.

Contributions

Participants may contribute up to 100% of their annual compensation up to the maximum allowable limits of Code Section 403(b). The Plan has an automatic enrollment provision, which will automatically enroll eligible employees at 3% of compensation.

Participant Accounts

Each participant's self-directed account is credited with the participant's contributions and earnings on the participant's contributions, and is charged with Plan expenses.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon.

Description of Investment Options

As of December 31, 2024 and 2023, the Plan's assets are held in a trust administered by Voya Retirement Insurance and Annuity Company consisting of two investment platforms. One of the platforms is frozen, and existing participants have the option to move their accounts from the frozen platform into the other platform, which is active. The investment options are selected by the Plan Administrator. Investment options within the frozen platform include guaranteed investment contracts and various pooled separate accounts. Investment options within the active platform include a guaranteed investment contract and various mutual funds. Participants may elect to have their account contributions invested in one or a combination of the investment options provided by the Plan.

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants

The Plan contains provisions which allow for loans to participants, subject to certain restrictions. The maximum loan amount is the lesser of one half of the participant's vested balance or \$50,000 reduced by the highest outstanding loan balance in the account during the prior 12 month period. Up to 50 percent of the vested balance may be used as collateral for the loan. These loans, which have a maximum term of 57 months (longer, if used to acquire a participant's principal residence), are to be repaid through regular payroll withholdings. The interest rate charged for loans from the Plan is established by the Plan Administrator.

Payment of Benefits and Distributions

On termination of service due to death, disability, retirement, or other reasons, a participant will receive an amount equal to the value of the participant's vested interest in a lump-sum payment, series of installments, applied to the purchase of an annuity contract, or rolled over to a qualified plan. In addition, the Plan provides for in-service withdrawals under certain circumstances.

Administrative Expenses

Certain administrative expenses have been paid by the Organization. Administrative expenses paid by the Plan include investment advisory and management fees.

Plan Termination

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Administration

The Plan is administered by the Plan Administrator.

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balance plus any accrued but unpaid interest.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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 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 generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and that also affect revenues and expenses during the reporting period. Actual results could differ from those estimates.

Date of Management's Review

For the current reporting period, subsequent events were evaluated through August 27, 2025, which represents the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS

The financial information relating to the Plan's investments is included in the accompanying financial statements based on information provided by the custodian. Voya Retirement Insurance and Annuity Company was the custodian of the Plan's investments at December 31, 2024 and 2023. All investments are participant directed utilizing the investment options provided by the Plan.

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 4 - FAIR VALUE MEASUREMENTS

The Fair Value Measurements and Disclosure Topic of the Financial Accounting Standards Board Accounting Standards Codification establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy 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. |
| Level 2 | Inputs to the valuation methodology include: <ul style="list-style-type: none">• 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 or correlation by 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. |
|---------|---|

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate accounts: Valued based on the latest quoted market prices of the underlying securities.

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2024 and 2023:

	<u>Assets at Fair Value at December 31, 2024</u>			
	Quoted Prices in Active Markets for Identical Assets <u>Level 1</u>	Significant Other Observable Inputs <u>Level 2</u>	Significant Unobservable Inputs <u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 15,882,186	\$ -0-	\$ -0-	\$ 15,882,186
Pooled separate accounts	-0-	803,286	-0-	803,286
Investments at fair value	<u>\$ 15,882,186</u>	<u>\$ 803,286</u>	<u>\$ -0-</u>	<u>\$ 16,685,472</u>
	<u>Assets at Fair Value at December 31, 2023</u>			
	Quoted Prices in Active Markets for Identical Assets <u>Level 1</u>	Significant Other Observable Inputs <u>Level 2</u>	Significant Unobservable Inputs <u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 13,150,340	\$ -0-	\$ -0-	\$ 13,150,340
Pooled separate accounts	-0-	782,200	-0-	782,200
Investments at fair value	<u>\$ 13,150,340</u>	<u>\$ 782,200</u>	<u>\$ -0-</u>	<u>\$ 13,932,540</u>

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 5 – INFORMATION CERTIFIED BY THE PLAN’S CUSTODIAN

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

	2024	2023
Investments:		
Mutual funds (at fair value)	\$ 15,882,186	\$ 13,150,340
Pooled separate accounts (at fair value)	803,286	782,200
Group annuity contracts (at contract value)	268,921	262,527
 Total Investments	 \$ 16,954,393	 \$ 14,195,067

For the year ended December 31, 2024, the custodian also certified to the completeness and accuracy of \$1,391,700 of net realized and unrealized appreciation in fair value of investments and \$623,408 in interest and dividend investment income related to the aforementioned investments.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 6 - GROUP ANNUITY CONTRACTS

The Plan offers as investment options traditional fully benefit-responsive investment contracts (group annuity contracts) with Voya Retirement Insurance and Annuity Company (VRIAC). The frozen investment plan includes one Voya Fixed Account and two Voya Fixed Plus Accounts. The active investment plan includes the Voya Fixed Plus Account III. VRIAC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Subject to certain restrictions, participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value. The group annuity contracts are traditional investment contracts. The group annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The group annuity contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because it is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by VRIAC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 6 - GROUP ANNUITY CONTRACTS (Continued)

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the group annuity contracts as of December 31, 2024 and 2023 was \$268,921 and \$262,527, respectively. The crediting interest rates for the frozen investment plan contracts are based upon formulas agreed upon with the issuers, but they may not be less than three percent. The crediting interest rate for the active investment plan contract is based upon a formula agreed upon with the issuer, but it may not be less than one percent. Such interest rates are reviewed on an annual basis for resetting.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include termination of the Plan, termination of the recordkeeping agreement, or ninety days written notice provided either by the Plan Administrator or the issuer. In the event of the issuer terminating the contract, the issuer will pay all participant account values to another provider or trustee as directed by the Plan Sponsor. The Plan Administrator believes that occurrence of such events that would limit the Plan's ability to transact at contract value is not probable.

Liquidation of the entire contract(s) may cause a one-time adjustment to the aggregate contract value, resulting in a fair value different from the contract value. This total liquidation is a contingent event, which cannot be initiated by the Plan's participants, and can only be initiated by the Plan Administrator upon termination of the Plan or complete termination of the contracts.

NOTE 7 - TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service in Revenue Procedure 2007-71 and the draft Listing of Required Modifications issued April 4, 2009. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor or the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - PARTY IN INTEREST TRANSACTIONS

Plan investments include various group annuity contracts, mutual funds, and pooled separate accounts issued by Voya Retirement Insurance and Annuity Company (VRIAC). VRIAC is the custodian of the Plan and, therefore, these transactions qualify as party in interest transactions. Fees paid indirectly by the Plan to the custodian are included as a reduction of the return earned on the group annuity contracts, mutual funds, and pooled separate accounts.

**PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
FEIN 36-3828320, PLAN 001
SUPPORTING SHCHEDULE - FORM 5500
SCHEDULE H, PART IV, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a) IDENTITY OF ISSUE AND DESCRIPTION OF INVESTMENT	(b)(c)	(e) CURRENT VALUE *
Mutual Funds:		
AB Large Cap Grw Fnd Z		\$ 253,787
AB Small Cap Grw Port K		8,137
Allspg Sh Trm Bnd Pls Fd Inst		10,841
Allspg Spec MdCp VI Fd R6		37,183
Allspg Spec SmCp VI Fd R6		4,220
AmCen Ultra Fund R6		52,257
American Funds 2010 T Date R6		107,821
American Funds 2015 T Date R6		75,600
American Funds 2020 T Date R6		118,048
American Funds 2025 T Date R6		664,746
American Funds 2030 T Date R6		1,143,089
American Funds 2035 T Date R6		2,184,052
American Funds 2040 T Date R6		2,758,831
American Funds 2045 T Date R6		2,676,630
American Funds 2050 T Date R6		1,476,969
American Funds 2055 T Date R6		1,124,163
American Funds 2060 T Date R6		210,979
American Funds 2065 T Date R6		66,852
BNY Mellon Glb Fxd Inc F Y		44,822
BlkRck High Yield Port K		414,399
Dodge & Cox Intl Stock Fd I		224
Fidelity Adv Intl Growth Fnd Z		91,775
Fidelity Emerging Markets Fd K		29,399
JPMorgan Mid Cap Growth Fd R6		36,894
JPMorgan US Equity Fund R6		5,821
MFS Value Fund R6		36,837
NorthrnFds Glob Sust Ind F CI		45,936
PGIM Global Real Estate Fd R6		29,778
PGIM Total Return Bond Fund R6		123,503
PIMCO Income Fund Ins		91,367
Parnassus Core Eqty Fnd Ins		112,628
Putnam Global Technology Fd R6		48,352
TRwPr Value Fund I		212,236
Vangrd Dev Mkts Index Fd Adm		242,325
Vangrd Mid-Cap Index Fund Adm		369,092

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

**SCHEDULE A-1
(Continued)**

**PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
FEIN 36-3828320, PLAN 001
SUPPORTING SCHEDULE - FORM 5500
SCHEDULE H, PART IV, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a) IDENTITY OF ISSUE AND DESCRIPTION OF INVESTMENT	(b)(c)	(e) CURRENT VALUE *
Mutual Funds (Continued):		
Vangrd Small-Cap Index Fnd Adm		152,623
Vanguard Real Estate Indx Adm		47,677
iShares S&P 500 Index Fund K		772,293
		<hr/>
Total Mutual Funds		\$ 15,882,186
Pooled Separate Accounts:		
American Funds EuroPacific R4		\$ 21,231
American Funds Growth Fnd R4		18,807
Artisan International Fund Inv		19,639
Cohen&Steers Realty Shares		12,288
Columbia Sel Mid Cap Value A		8,657
Fidelity VIP Contrafund Pt I		126,944
Fidelity VIP Eqty-Inc Prt I		36,067
Fidelity VIP Overseas Prt I		43,448
Franklin Small Cap Val VIP 2		18,424
Inv Dev Mrkts Fd A		12,260
Lord Abbett Srs Fd MC St Pt VC		1,400
PIMCO CmdtyRIRtn Strat Fnd Adm		12,443
PIMCO VIT Real Return Port Adm		7,122
TCW MW Tot Rtn Bd Fd M		18,370
TCW Securitized Bond Fund N		17,969
Templeton Global Bond Fund A		10,576
** VY AmCen Sm-MdCp VI Pt Srv		10,600
** VY CBRE Glb RIEst Prt Ins		2,717
** VY Invesco Comstock Port Srv		2,842
** VY Invesco Eqty & Inc Pt I		28,612
** VY JPM Emrg Mkts Eq Port Srv		5,562
** VY JPM MdCp Value Port Srv		33,434
** VY JPM SmCp Cr Eq Port Srv		4,024
** VY TRwPr Eqty Income Prt Srv		7,748
** VY TRwPr Grw Eqty Pt I		11,450
** Voya Balanced Income Port Ins		1,221
** Voya Glo Hi Div Low Vol Prtf I		6,933
** Voya Glob Insights Port Init		24,642
** Voya Gov Money Market Port I		47,066
** Voya Growth and Income Port I		5,077

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

**SCHEDULE A-1
(Continued)**

**PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
FEIN 36-3828320, PLAN 001
SUPPORTING SCHEDULE - FORM 5500
SCHEDULE H, PART IV, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a) IDENTITY OF ISSUE AND DESCRIPTION OF INVESTMENT	(b)(c)	(e) CURRENT VALUE *
Pooled Separate Accounts (Continued):		
**	Voya High Yield Port Ins	5,792
**	Voya Index Plus LargeCap Prt I	77,350
**	Voya Index Plus SmallCap Prt I	1,632
**	Voya Intermediate Bond Prt I	16,852
**	Voya Large Cap Growth Prt Ins	19,286
**	Voya Large Cap Value Port Ins	12,348
**	Voya Mid Cap Opport Port I	2,685
**	Voya Russell MdCp Indx Prt I	16,713
**	Voya Russell SmCp Indx Prt I	7,572
	Voya Solution 2045 Port Srv	64,858
	Wanger International	625
	Total Pooled Separate Accounts	<u>\$ 803,286</u>
Group Annuity Contracts:		
**	Voya Fixed Account (4550)	\$ 130,118
**	Voya Fixed Plus Account III	102,707
**	Voya Fixed Plus Account (4564)	<u>36,096</u>
	Total Group Annuity Contracts	<u>\$ 268,921</u>
**	Notes receivable from participants (maturity dates ranging from January 2025 to November 2028, interest rates ranging from 8.75% to 9.50%)	<u>\$ 60,522</u>
		<u><u>\$ 17,014,915</u></u>

* Cost omitted for participant directed investments.

** Party in interest.



Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

PCC Community Wellness Center 403(b) Plan

EIN 36-3828320

Plan 001

As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
	AB Large Cap Grw Fnd Z	Registered Investment Company		\$253,787
	AB Small Cap Grw Port K	Registered Investment Company		\$8,137
	Allspg Sh Trm Bnd Pls Fd Inst	Registered Investment Company		\$10,841
	Allspg Spec MdCp VI Fd R6	Registered Investment Company		\$37,183
	Allspg Spec SmCp VI Fd R6	Registered Investment Company		\$4,220
	AmCen Ultra Fund R6	Registered Investment Company		\$52,257
	American Funds EuroPacific Growth	Registered Investment Company		\$21,231
	American Funds Growth Fund	Registered Investment Company		\$18,807
	American Funds 2010 T Date R6	Registered Investment Company		\$107,821
	American Funds 2015 T Date R6	Registered Investment Company		\$75,600
	American Funds 2020 T Date R6	Registered Investment Company		\$118,048
	American Funds 2025 T Date R6	Registered Investment Company		\$664,746
	American Funds 2030 T Date R6	Registered Investment Company		\$1,143,089
	American Funds 2035 T Date R6	Registered Investment Company		\$2,184,052
	American Funds 2040 T Date R6	Registered Investment Company		\$2,758,833
	American Funds 2045 T Date R6	Registered Investment Company		\$2,676,629
	American Funds 2050 T Date R6	Registered Investment Company		\$1,476,969
	American Funds 2055 T Date R6	Registered Investment Company		\$1,124,163
	American Funds 2060 T Date R6	Registered Investment Company		\$210,979
	American Funds 2065 T Date R6	Registered Investment Company		\$66,852
	Artisan International Fund	Registered Investment Company		\$19,639
	BNY Mellon Glb Fxd Inc F Y	Registered Investment Company		\$44,822



Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

PCC Community Wellness Center 403(b) Plan

EIN 36-3828320

Plan 001

	BlkRck High Yield Port K	Registered Investment Company		\$414,399
	Cohen & Steers Realty Shares	Registered Investment Company		\$12,288
	Columbia Sel Mid Cap Value Fund	Registered Investment Company		\$8,657
	Dodge & Cox Intl Stock Fd I	Registered Investment Company		\$224
	Fidelity Adv Intl Growth Fnd Z	Registered Investment Company		\$91,775
	Fidelity Emerging Markets Fd K	Registered Investment Company		\$29,399
	Fidelity VIP Contrafund Portfolio	Registered Investment Company		\$126,945
	Fidelity VIP Equity-Income Portfolio	Registered Investment Company		\$36,067
	Fidelity VIP Overseas Portfolio	Registered Investment Company		\$43,448
	Franklin Small Cap Value VIP	Registered Investment Company		\$18,424
	Inv Dev Markets Fund A	Registered Investment Company		\$12,260
	JPMorgan Mid Cap Growth Fd R6	Registered Investment Company		\$36,894
	JPMorgan US Equity Fund R6	Registered Investment Company		\$5,821
	Lord Abbett Ser Fd MidCap Stock	Registered Investment Company		\$1,400
	MFS Value Fund R6	Registered Investment Company		\$36,837
	NorthrnFds Glob Sust Ind F Cl	Registered Investment Company		\$45,936
	PGIM Global Real Estate Fd R6	Registered Investment Company		\$29,778
	PGIM Total Return Bond Fund R6	Registered Investment Company		\$123,503
	PIMCO Commodity RIRtn Strat Fund	Registered Investment Company		\$12,443
	PIMCO Income Fund Ins	Registered Investment Company		\$91,367
	PIMCO VIT Real Return Portfolio	Registered Investment Company		\$7,122
	Parnassus Core Eqty Fnd Ins	Registered Investment Company		\$112,628
	Putnam Global Technology Fd R6	Registered Investment Company		\$48,352
	TCW MetWest Total Return Bd	Registered Investment Company		\$18,370
	TCW Securitized Bond Fund	Registered Investment Company		\$17,969
	Templeton Global Bond Fund	Registered Investment Company		\$10,576
	TRwPr Value Fund I	Registered Investment Company		\$212,236
	Vangrd Dev Mkts Index Fd Adm	Registered Investment Company		\$242,325



Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

PCC Community Wellness Center 403(b) Plan

EIN 36-3828320

Plan 001

	Vangrd Mid-Cap Index Fund Adm	Registered Investment Company		\$369,092
	Vangrd Small-Cap Index Fnd Adm	Registered Investment Company		\$152,623
	Vanguard Real Estate Indx Adm	Registered Investment Company		\$47,677
*	Voya Balanced Income Porfolio	Registered Investment Company		\$1,221
*	Voya Fixed Account (4550)	Insurance Company General Account		\$102,707
*	Voya Fixed Plus Account (4564)	Insurance Company General Account		\$36,096
*	Voya Fixed Plus Account III	Insurance Company General Account		\$130,118
*	Voya Global Insights Portfolio	Registered Investment Company		\$24,642
*	Voya Glo High Div Low Vol Portfolio	Registered Investment Company		\$6,933
*	Voya Govt Monry Market Portfolio	Registered Investment Company		\$47,066
*	Voya Growth And Income Portfolio	Registered Investment Company		\$5,077
*	Voya High Yield Portfolio	Registered Investment Company		\$5,792
*	Voya Index Plus LargeCap Portfolio	Registered Investment Company		\$77,350
*	Voya Index Plus SmallCap Portfolio	Registered Investment Company		\$1,632
*	Voya Intermediate Bond Portfolio	Registered Investment Company		\$16,852
*	Voya Large Cap Growth Portfolio	Registered Investment Company		\$19,286
*	Voya Large Cap Growth Portfolio	Registered Investment Company		\$12,348
*	Voya MidCap Opportunities Portfolio	Registered Investment Company		\$2,685
*	Voya Russell MidCap Index Portfolio	Registered Investment Company		\$16,713
*	Voya Russell SmallCap Index Portfolio	Registered Investment Company		\$7,572
*	Voya Solution 2045 Portfolio	Registered Investment Company		\$64,858
*	VY AmCen Sm-Md Cp Value Portfolio	Registered Investment Company		\$10,600
*	VY CBRE Gib RIEst Portfolio	Registered Investment Company		\$2,717
*	VY Invesco Comstock Portfolio	Registered Investment Company		\$2,842
*	VY Invesco Equity & Income Portfolio	Registered Investment Company		\$28,612
*	VY JPMorgan Emrg Mkts Equity Portfolio	Registered Investment Company		\$5,562
*	VY JPMorgan Mid Cap Value Portfolio	Registered Investment Company		\$33,434
*	VY JPMorgan Sm Cap Core Equity Portfolio	Registered Investment Company		\$4,024



Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

PCC Community Wellness Center 403(b) Plan

EIN 36-3828320

Plan 001

*	VY TRowePrice Equity Income Portfolio	Registered Investment Company		\$7,748
*	VY TRowePrice Growth Equity Portfolio	Registered Investment Company		\$11,450
	Wanger International	Registered Investment Company		\$625
	iShares S&P 500 Index Fund K	Registered Investment Company		\$772,293
	Loan Fund	Participant Loans - Rates 5.75% to 9.50%		\$60,522
		TOTAL		\$17,014,916

* denotes party-in-interest

Column (d) is not required as the Plan investments are totally participant directed.

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN

C O N T E N T S

Independent Auditors' Report

Exhibit A - Statements of Net Assets Available for Benefits as of December 31, 2024
and 2023

Exhibit B - Statement of Changes in Net Assets Available for Benefits for the Year
Ended December 31, 2024

Notes to the Financial Statements

Schedule A-1 - Schedule of Assets (Held at End of Year) – December 31, 2024

Independent Auditors' Report

Plan Administrator
PCC Community Wellness Center 403(b) Plan
Oak Park, Illinois

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

We have performed audits of the accompanying financial statements of the PCC Community Wellness Center 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the PCC Community Wellness Center 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' 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 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the PCC Community Wellness Center 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' 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 auditors' 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.

- 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 PCC Community Wellness Center 403(b) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the PCC Community Wellness Center 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule of Assets (Held at End of Year) - 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

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 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).

Respectfully submitted,

A handwritten signature in cursive script that reads "Cray, Kaiser Ltd.".

CRAY, KAISER LTD.
Certified Public Accountants

Oakbrook Terrace, Illinois
August 27, 2025

**PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS:		
Investments at fair value	\$ 16,685,472	\$ 13,932,540
Investments at contract value	268,921	262,527
Total Investments	\$ 16,954,393	\$ 14,195,067
Receivables:		
Notes receivable from participants	\$ 60,522	\$ 83,694
NET ASSETS AVAILABLE FOR BENEFITS	\$ 17,014,915	\$ 14,278,761

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

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:	
Net realized and unrealized appreciation in fair value of investments	\$ 1,391,700
Dividends	616,076
Interest credited to general account	7,332
	<hr/>
	\$ 2,015,108
	<hr/>
Interest income on notes receivable from participants	\$ 6,603
	<hr/>
Contributions:	
Participants	\$ 1,419,387
Rollover	15,150
Other income	162
	<hr/>
	\$ 1,434,699
	<hr/>
Total Additions	\$ 3,456,410
	<hr/>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Distributions to participants	\$ 605,937
Administrative expenses	114,319
	<hr/>
Total Deductions	\$ 720,256
	<hr/>
NET INCREASE	\$ 2,736,154

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of Year	14,278,761
	<hr/>
End of Year	\$ 17,014,915
	<hr/> <hr/>

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

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 1 - DESCRIPTION OF PLAN

The following description of the PCC Community Wellness Center 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a contributory, defined contribution plan covering employees of PCC Community Wellness Center (the Organization). Employees are eligible to participate in the plan immediately upon hire. Non-resident aliens, student employees, employees who are eligible to participate in another retirement plan of the Organization, certain part-time employees, and employees whose contributions would be no greater than \$200 are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974.

Contributions

Participants may contribute up to 100% of their annual compensation up to the maximum allowable limits of Code Section 403(b). The Plan has an automatic enrollment provision, which will automatically enroll eligible employees at 3% of compensation.

Participant Accounts

Each participant's self-directed account is credited with the participant's contributions and earnings on the participant's contributions, and is charged with Plan expenses.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon.

Description of Investment Options

As of December 31, 2024 and 2023, the Plan's assets are held in a trust administered by Voya Retirement Insurance and Annuity Company consisting of two investment platforms. One of the platforms is frozen, and existing participants have the option to move their accounts from the frozen platform into the other platform, which is active. The investment options are selected by the Plan Administrator. Investment options within the frozen platform include guaranteed investment contracts and various pooled separate accounts. Investment options within the active platform include a guaranteed investment contract and various mutual funds. Participants may elect to have their account contributions invested in one or a combination of the investment options provided by the Plan.

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants

The Plan contains provisions which allow for loans to participants, subject to certain restrictions. The maximum loan amount is the lesser of one half of the participant's vested balance or \$50,000 reduced by the highest outstanding loan balance in the account during the prior 12 month period. Up to 50 percent of the vested balance may be used as collateral for the loan. These loans, which have a maximum term of 57 months (longer, if used to acquire a participant's principal residence), are to be repaid through regular payroll withholdings. The interest rate charged for loans from the Plan is established by the Plan Administrator.

Payment of Benefits and Distributions

On termination of service due to death, disability, retirement, or other reasons, a participant will receive an amount equal to the value of the participant's vested interest in a lump-sum payment, series of installments, applied to the purchase of an annuity contract, or rolled over to a qualified plan. In addition, the Plan provides for in-service withdrawals under certain circumstances.

Administrative Expenses

Certain administrative expenses have been paid by the Organization. Administrative expenses paid by the Plan include investment advisory and management fees.

Plan Termination

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Administration

The Plan is administered by the Plan Administrator.

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balance plus any accrued but unpaid interest.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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 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 generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and that also affect revenues and expenses during the reporting period. Actual results could differ from those estimates.

Date of Management's Review

For the current reporting period, subsequent events were evaluated through August 27, 2025, which represents the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS

The financial information relating to the Plan's investments is included in the accompanying financial statements based on information provided by the custodian. Voya Retirement Insurance and Annuity Company was the custodian of the Plan's investments at December 31, 2024 and 2023. All investments are participant directed utilizing the investment options provided by the Plan.

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 4 - FAIR VALUE MEASUREMENTS

The Fair Value Measurements and Disclosure Topic of the Financial Accounting Standards Board Accounting Standards Codification establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy 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. |
| Level 2 | Inputs to the valuation methodology include: <ul style="list-style-type: none">• 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 or correlation by 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. |
|---------|---|

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate accounts: Valued based on the latest quoted market prices of the underlying securities.

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2024 and 2023:

	Assets at Fair Value at December 31, 2024			
	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
Mutual funds	\$ 15,882,186	\$ -0-	\$ -0-	\$ 15,882,186
Pooled separate accounts	-0-	803,286	-0-	803,286
Investments at fair value	<u>\$ 15,882,186</u>	<u>\$ 803,286</u>	<u>\$ -0-</u>	<u>\$ 16,685,472</u>
	Assets at Fair Value at December 31, 2023			
	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
Mutual funds	\$ 13,150,340	\$ -0-	\$ -0-	\$ 13,150,340
Pooled separate accounts	-0-	782,200	-0-	782,200
Investments at fair value	<u>\$ 13,150,340</u>	<u>\$ 782,200</u>	<u>\$ -0-</u>	<u>\$ 13,932,540</u>

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 5 – INFORMATION CERTIFIED BY THE PLAN’S CUSTODIAN

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

	2024	2023
Investments:		
Mutual funds (at fair value)	\$ 15,882,186	\$ 13,150,340
Pooled separate accounts (at fair value)	803,286	782,200
Group annuity contracts (at contract value)	268,921	262,527
 Total Investments	 \$ 16,954,393	 \$ 14,195,067

For the year ended December 31, 2024, the custodian also certified to the completeness and accuracy of \$1,391,700 of net realized and unrealized appreciation in fair value of investments and \$623,408 in interest and dividend investment income related to the aforementioned investments.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 6 - GROUP ANNUITY CONTRACTS

The Plan offers as investment options traditional fully benefit-responsive investment contracts (group annuity contracts) with Voya Retirement Insurance and Annuity Company (VRIAC). The frozen investment plan includes one Voya Fixed Account and two Voya Fixed Plus Accounts. The active investment plan includes the Voya Fixed Plus Account III. VRIAC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Subject to certain restrictions, participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value. The group annuity contracts are traditional investment contracts. The group annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The group annuity contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because it is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by VRIAC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 6 - GROUP ANNUITY CONTRACTS (Continued)

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the group annuity contracts as of December 31, 2024 and 2023 was \$268,921 and \$262,527, respectively. The crediting interest rates for the frozen investment plan contracts are based upon formulas agreed upon with the issuers, but they may not be less than three percent. The crediting interest rate for the active investment plan contract is based upon a formula agreed upon with the issuer, but it may not be less than one percent. Such interest rates are reviewed on an annual basis for resetting.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include termination of the Plan, termination of the recordkeeping agreement, or ninety days written notice provided either by the Plan Administrator or the issuer. In the event of the issuer terminating the contract, the issuer will pay all participant account values to another provider or trustee as directed by the Plan Sponsor. The Plan Administrator believes that occurrence of such events that would limit the Plan's ability to transact at contract value is not probable.

Liquidation of the entire contract(s) may cause a one-time adjustment to the aggregate contract value, resulting in a fair value different from the contract value. This total liquidation is a contingent event, which cannot be initiated by the Plan's participants, and can only be initiated by the Plan Administrator upon termination of the Plan or complete termination of the contracts.

NOTE 7 - TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service in Revenue Procedure 2007-71 and the draft Listing of Required Modifications issued April 4, 2009. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor or the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - PARTY IN INTEREST TRANSACTIONS

Plan investments include various group annuity contracts, mutual funds, and pooled separate accounts issued by Voya Retirement Insurance and Annuity Company (VRIAC). VRIAC is the custodian of the Plan and, therefore, these transactions qualify as party in interest transactions. Fees paid indirectly by the Plan to the custodian are included as a reduction of the return earned on the group annuity contracts, mutual funds, and pooled separate accounts.

**PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
FEIN 36-3828320, PLAN 001
SUPPORTING SHCHEDULE - FORM 5500
SCHEDULE H, PART IV, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a) IDENTITY OF ISSUE AND DESCRIPTION OF INVESTMENT	(b)(c)	(e) CURRENT VALUE *
Mutual Funds:		
AB Large Cap Grw Fnd Z		\$ 253,787
AB Small Cap Grw Port K		8,137
Allspg Sh Trm Bnd Pls Fd Inst		10,841
Allspg Spec MdCp VI Fd R6		37,183
Allspg Spec SmCp VI Fd R6		4,220
AmCen Ultra Fund R6		52,257
American Funds 2010 T Date R6		107,821
American Funds 2015 T Date R6		75,600
American Funds 2020 T Date R6		118,048
American Funds 2025 T Date R6		664,746
American Funds 2030 T Date R6		1,143,089
American Funds 2035 T Date R6		2,184,052
American Funds 2040 T Date R6		2,758,831
American Funds 2045 T Date R6		2,676,630
American Funds 2050 T Date R6		1,476,969
American Funds 2055 T Date R6		1,124,163
American Funds 2060 T Date R6		210,979
American Funds 2065 T Date R6		66,852
BNY Mellon Glb Fxd Inc F Y		44,822
BlkRck High Yield Port K		414,399
Dodge & Cox Intl Stock Fd I		224
Fidelity Adv Intl Growth Fnd Z		91,775
Fidelity Emerging Markets Fd K		29,399
JPMorgan Mid Cap Growth Fd R6		36,894
JPMorgan US Equity Fund R6		5,821
MFS Value Fund R6		36,837
NorthrnFds Glob Sust Ind F CI		45,936
PGIM Global Real Estate Fd R6		29,778
PGIM Total Return Bond Fund R6		123,503
PIMCO Income Fund Ins		91,367
Parnassus Core Eqty Fnd Ins		112,628
Putnam Global Technology Fd R6		48,352
TRwPr Value Fund I		212,236
Vangrd Dev Mkts Index Fd Adm		242,325
Vangrd Mid-Cap Index Fund Adm		369,092

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

**SCHEDULE A-1
(Continued)**

**PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
FEIN 36-3828320, PLAN 001
SUPPORTING SCHEDULE - FORM 5500
SCHEDULE H, PART IV, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a) IDENTITY OF ISSUE AND DESCRIPTION OF INVESTMENT	(b)(c)	(e) CURRENT VALUE *
Mutual Funds (Continued):		
Vangrd Small-Cap Index Fnd Adm		152,623
Vanguard Real Estate Indx Adm		47,677
iShares S&P 500 Index Fund K		772,293
		<hr/>
Total Mutual Funds		\$ 15,882,186
Pooled Separate Accounts:		
American Funds EuroPacific R4		\$ 21,231
American Funds Growth Fnd R4		18,807
Artisan International Fund Inv		19,639
Cohen&Steers Realty Shares		12,288
Columbia Sel Mid Cap Value A		8,657
Fidelity VIP Contrafund Pt I		126,944
Fidelity VIP Eqty-Inc Prt I		36,067
Fidelity VIP Overseas Prt I		43,448
Franklin Small Cap Val VIP 2		18,424
Inv Dev Mrkts Fd A		12,260
Lord Abbett Srs Fd MC St Pt VC		1,400
PIMCO CmdtyRIRtn Strat Fnd Adm		12,443
PIMCO VIT Real Return Port Adm		7,122
TCW MW Tot Rtn Bd Fd M		18,370
TCW Securitized Bond Fund N		17,969
Templeton Global Bond Fund A		10,576
** VY AmCen Sm-MdCp VI Pt Srv		10,600
** VY CBRE Glb RIEst Prt Ins		2,717
** VY Invesco Comstock Port Srv		2,842
** VY Invesco Eqty & Inc Pt I		28,612
** VY JPM Emrg Mkts Eq Port Srv		5,562
** VY JPM MdCp Value Port Srv		33,434
** VY JPM SmCp Cr Eq Port Srv		4,024
** VY TRwPr Eqty Income Prt Srv		7,748
** VY TRwPr Grw Eqty Pt I		11,450
** Voya Balanced Income Port Ins		1,221
** Voya Glo Hi Div Low Vol Prtf I		6,933
** Voya Glob Insights Port Init		24,642
** Voya Gov Money Market Port I		47,066
** Voya Growth and Income Port I		5,077

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

**SCHEDULE A-1
(Continued)**

**PCC COMMUNITY WELLNESS CENTER 403(b) PLAN
FEIN 36-3828320, PLAN 001
SUPPORTING SCHEDULE - FORM 5500
SCHEDULE H, PART IV, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a) IDENTITY OF ISSUE AND DESCRIPTION OF INVESTMENT	(b)(c)	(e) CURRENT VALUE *
Pooled Separate Accounts (Continued):		
**	Voya High Yield Port Ins	5,792
**	Voya Index Plus LargeCap Prt I	77,350
**	Voya Index Plus SmallCap Prt I	1,632
**	Voya Intermediate Bond Prt I	16,852
**	Voya Large Cap Growth Prt Ins	19,286
**	Voya Large Cap Value Port Ins	12,348
**	Voya Mid Cap Opport Port I	2,685
**	Voya Russell MdCp Indx Prt I	16,713
**	Voya Russell SmCp Indx Prt I	7,572
	Voya Solution 2045 Port Srv	64,858
	Wanger International	625
	Total Pooled Separate Accounts	<u>\$ 803,286</u>
Group Annuity Contracts:		
**	Voya Fixed Account (4550)	\$ 130,118
**	Voya Fixed Plus Account III	102,707
**	Voya Fixed Plus Account (4564)	<u>36,096</u>
	Total Group Annuity Contracts	<u>\$ 268,921</u>
**	Notes receivable from participants (maturity dates ranging from January 2025 to November 2028, interest rates ranging from 8.75% to 9.50%)	<u>\$ 60,522</u>
		<u><u>\$ 17,014,915</u></u>

* Cost omitted for participant directed investments.

** Party in interest.