

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: VNACARE RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2002
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code: VNACARE, 10350 COMMERCE CENTER DRIVE, SUITE A-250, RANCHO CUCAMONGA, CA 91730
2b Employer Identification Number (EIN): 95-1733155
2c Plan Sponsor's telephone number: 951-235-2442
2d Business code (see instructions): 621610

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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

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	452
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)	163
	6a(2)	150
	6b	0
	6c	280
	6d	430
	6e	0
	6f	430
	6g(1)	377
	6g(2)	357
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:
2E 2F 2G 2L 2T

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan VNACARE RETIREMENT PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 VNACARE		D Employer Identification Number (EIN) 95-1733155	

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

VARIABLE ANNUITY LIFE INS CO.

(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
74-1625348	70238	63938	326	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 1165	(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

ROSE BIZARRO
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1042			3

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

TERNEL MARTINEZ
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
88			3

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

KEVIN LANDEN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19			3

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

PETER LUPONE

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16			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	

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	2422084
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	8018021

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 ▶

b Balance at the end of the previous year **7b** 2962681

c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	59591	
(4) Transferred from separate account	7c(4)	231092	
(5) Other (specify below)..... ▶	7c(5)		

(6) Total additions **7c(6)** 290683

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 3253364

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	747240	
(2) Administration charge made by carrier.....	7e(2)	0	
(3) Transferred to separate account	7e(3)	82001	
(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES	7e(4)	2039	

(5) Total deductions **7e(5)** 831280

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 2422084

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 VNACARE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 VNACARE	D Employer Identification Number (EIN) 95-1733155	

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

VARIABLE ANNUITY LIFE INSURANCE CO.

74-1625348

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

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

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

VARIABLE ANNUITY LIFE INSURANCE CO.

74-1625348

(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?
37 26 66 28 52 19 29 33 49 59 64 72 99 60 63	NONE	25111	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"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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 VNACARE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 VNACARE	D Employer Identification Number (EIN) 95-1733155

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	15178	20651
(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)	202981	157394
(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)	10224633	10663990
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3136070	2668504
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	13578862	13510539
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	13578862	13510539

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)	65406	
(B) Participants.....	2a(1)(B)	439759	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		505165
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)	5905	
(F) Other.....	2b(1)(F)	64690	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		70595
(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)	110673	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		110673
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1104815
c Other income	2c		13091
d Total income. Add all income amounts in column (b) and enter total	2d		1804339

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1822619	
(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)		1822619
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		24932
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	25111	
(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)		25111
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1872662

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-68323
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: **WALTERS & SKLYAR LLP**

(2) EIN: **47-5677171**

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>VNACARE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VNACARE</u>	D Employer Identification Number (EIN) <u>95-1733155</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>74-1625348</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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 04 / 05 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501838A.

**VNACARE RETIREMENT PLAN
(FORMERLY KNOWN AS VISITING NURSE ASSOCIATION AND
HOSPICE OF SOUTHERN CALIFORNIA, INC. RETIREMENT PLAN)**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

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Walters & Sklyar LLP

Independent Auditors' Report

To the Administrative Committee of
VNAcare Retirement Plan

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

We have performed audits of the accompanying financial statements of VNAcare Retirement Plan (formerly known as Visiting Nurse Association and Hospice of Southern California, Inc. Retirement 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 VNAcare Retirement 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. 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 VNAcare Retirement 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 VNAcare Retirement 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 VNACare Retirement 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 VNACare Retirement 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 H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment

information, has been subjected to auditing procedures applied in the 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).

Walters & Sklyar LLP

Woodland Hills, California

October 13, 2025

**VNACARE RETIREMENT PLAN
(FORMERLY KNOWN AS VISITING NURSE ASSOCIATION AND
HOSPICE OF SOUTHERN CALIFORNIA, INC. RETIREMENT PLAN)**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS:		
Investments, participant-directed:		
At fair value:		
Separate Account A	\$ 7,872,261	\$ 7,901,340
Mutual funds	<u>2,791,729</u>	<u>2,323,293</u>
Total investments at fair value	<u>10,663,990</u>	<u>10,224,633</u>
At contract value:		
Fixed Accounts	<u>2,668,504</u>	<u>3,136,070</u>
Total investments at contract value	<u>2,668,504</u>	<u>3,136,070</u>
Total investments, participant-directed	<u>13,332,494</u>	<u>13,360,703</u>
Receivables:		
Employer contributions	20,651	15,178
Notes receivable from participants	<u>157,394</u>	<u>202,981</u>
Total receivables	<u>178,045</u>	<u>218,159</u>
Total assets	<u>13,510,539</u>	<u>13,578,862</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u>13,510,539</u>	\$ <u>13,578,862</u>

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

**VNACARE RETIREMENT PLAN
(FORMERLY KNOWN AS VISITING NURSE ASSOCIATION AND
HOSPICE OF SOUTHERN CALIFORNIA, INC. RETIREMENT 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 appreciation in fair value of investments	\$ 1,104,815
Dividends	110,673
Interest	<u>64,690</u>

Total investment income	1,280,178
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Interest income on notes receivable from participants	5,905
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Contributions:

Employer	65,406
Participants	<u>439,759</u>

Total contributions	505,165
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Other income	<u>13,091</u>
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Total additions	<u>1,804,339</u>
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	1,822,619
Deemed distributions of notes receivable from participants	24,932
Administrative expenses	<u>25,111</u>

Total deductions	<u>1,872,662</u>
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Net change	(68,323)
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>13,578,862</u>
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End of year	\$ <u>13,510,539</u>
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The accompanying notes are an integral part
of the financial statements.

**VNACARE RETIREMENT PLAN
(FORMERLY KNOWN AS VISITING NURSE ASSOCIATION AND
HOSPICE OF SOUTHERN CALIFORNIA, INC. RETIREMENT PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the VNAcare Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for more complete information on the Plan's provisions.

Effective January 2023, the Plan's name was changed from Visiting Nurse Association and Hospice of Southern California, Inc. Retirement Plan to VNAcare Retirement Plan.

General

The Plan is a 403(b) plan, also known as a tax-sheltered annuity (TSA), which was originally established effective January 1, 2002. A section 403(b) plan is designed to benefit eligible employees of certain employers, which are tax-exempt under Internal Revenue Service (IRS) Code section 501(c)(3). The Plan covers substantially all employees of VNAcare (formerly known as VNA Hospice and Palliative Care of Southern California, the Organization). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and the Internal Revenue Code (IRC).

The Plan was restated and amended at various dates through December 31, 2024 to comply with applicable laws and regulations.

Plan Administration

The Organization is the plan administrator and is responsible for day-to-day operations of the Plan. To fund the Plan, the Organization entered into the Group Fixed and Variable Annuity Contract (the Contract) with The Variable Annuity Life Insurance Company (VALIC), a subsidiary of Corebridge Financial, the custodian of the Plan. VALIC invests cash received, interest, and dividend income, and makes distributions to participants. VALIC also administers the payment of interest and principal on the notes receivable from participants.

Contributions

Participants may elect to defer up to 100% of their compensation, subject to certain limitations under the IRC. Plan participants over age 50 may defer additional catch-up contributions, subject to the IRC limitations.

The Organization makes matching contributions of \$1 for every \$1 of the employee elective deferral during the Plan year, up to 1% of employee compensation. The Organization may also make additional contributions of 2% of employee compensation.

**VNACARE RETIREMENT PLAN
(FORMERLY KNOWN AS VISITING NURSE ASSOCIATION AND
HOSPICE OF SOUTHERN CALIFORNIA, INC. RETIREMENT PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN – CONTINUED

Contributions – Continued

To be eligible to receive employer contributions, employees must be 21 years of age and have completed one year of service. Total employer matching contributions amounted to \$65,406 for the year ended December 31, 2024. There were no additional employer contributions made for the year ended December 31, 2024.

Participants may also make a rollover contribution to the Plan that is not matched by the Organization. Rollover contributions are assets transferred to the Plan from a qualified plan in which an employee participated prior to employment with the Organization. There were no rollover contributions transferred to the Plan during the year ended December 31, 2024.

Investment Options

Participants direct the investment of their contributions and their share of employer contributions into various investment options offered by the Plan, and they may change their investment elections anytime.

Under the Contract, the Plan offers a combination of fixed and variable investment options. Fixed investment options consist of Fixed Account Plus and the Short-Term Fixed Account (collectively, Fixed Accounts) that are each part of the general account assets of VALIC. Fixed Account Plus provides fixed-return investment growth for the long-term, while the Short-Term Fixed Account provides fixed-return investment growth for the short-term. Variable investment options are made available through the VALIC Separate Account A, which invests in mutual funds registered with the Securities and Exchange Commission (SEC).

Vesting

Participants are 100% vested in their salary deferral contributions plus actual earnings thereon. Vesting in employer contributions and earnings thereon is based on years of continuous service as follows:

<u>Years of Service</u>	<u>Percentage</u>
0-2	0%
3	100%

**VNACARE RETIREMENT PLAN
(FORMERLY KNOWN AS VISITING NURSE ASSOCIATION AND
HOSPICE OF SOUTHERN CALIFORNIA, INC. RETIREMENT PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN – CONTINUED

Forfeitures

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeitures are used to reduce employer contributions. Forfeitures used to reduce employer contributions during the year ended December 31, 2024 amounted to \$16,840. At December 31, 2024 and 2023, available unallocated forfeitures amounted to \$10,466 and \$16,813, respectively.

Participant Accounts

Separate accounts are maintained for each participant, which are adjusted to reflect the participant's contributions and employer contributions, as well as the participant's share of the Plan's income and any related administrative expenses. Allocations are based on participant earnings or account balances, or participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum limited to the lesser of: (1) \$50,000 or (2) 50% of the participant's vested account balance. Each note receivable bears a reasonable rate of interest, which is determined by the plan administrator, and is repaid by periodic level payments of principal and interest at least as frequently as quarterly over a reasonable period of time not to exceed five years. However, borrowed funds used to acquire a principal residence may be repaid over a reasonable period of time that exceeds five years. The interest rates ranged from 1.00% to 9.50% as of December 31, 2024 and 2023.

Payment of Benefits

On retirement, death, disability, or termination of service, a participant (or participant's beneficiary in the event of death) may receive a lump-sum distribution or annuity payments of the participant's vested account balance. Participants should refer to their Plan document for more information.

Hardship Withdrawals

Participants may withdraw their vested contributions in the event of hardships as defined by the Plan document. Hardship distributions are distributed as a lump-sum.

**VNACARE RETIREMENT PLAN
(FORMERLY KNOWN AS VISITING NURSE ASSOCIATION AND
HOSPICE OF SOUTHERN CALIFORNIA, INC. RETIREMENT PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis in conformity with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the dates of the financial statements, and the reported amounts of additions and deductions during the reporting period. The most important of these estimates and assumptions relate to fair value measurements of the Plan's investments. These and other estimates and assumptions are based on the best available information, but actual results could be materially different from those estimates.

Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Valuation of Investments

Plan assets invested in Separate Account A are stated at fair value based on the fair value of the underlying mutual funds, as adjusted for dividends and Separate Account A fees. The fair value of underlying mutual funds is based on quoted market prices. Separate Account A is not publicly traded and is classified within Level 2 of the valuation hierarchy.

Plan assets invested in mutual funds are stated at fair value based upon quoted market prices (mutual funds are valued at the closing price reported on the active market on which the individual securities are traded) and are classified in Level 1 of the valuation hierarchy.

The Plan's investments in the Fixed Accounts are considered to be fully benefit-responsive and are required to be reported at contract value because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

**VNACARE RETIREMENT PLAN
(FORMERLY KNOWN AS VISITING NURSE ASSOCIATION AND
HOSPICE OF SOUTHERN CALIFORNIA, INC. RETIREMENT PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Recognition of Income

Sales and purchases are accounted for on a trade date basis, and interest income is recorded on the accrual basis. Dividends, if declared, are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold during the year as well as held at year-end.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when earned. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2024 and 2023, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a distribution based on the terms of the Plan document.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

All reasonable expenses related to Plan administration are paid from Plan assets, except to the extent expenses are paid by the Organization. Expenses paid directly by the Organization are excluded from these financial statements. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Recent Accounting Pronouncements

In the normal course of business, the Plan evaluates all new accounting pronouncements to determine the potential impact they may have on its financial statements. Based upon this review, the Plan does not expect any of the recently issued accounting pronouncements, which have not already been adopted by the Plan, to have a material impact on its financial statements.

Subsequent Events

The Plan evaluated for recognition or disclosure in these financial statements the subsequent events through the report issuance date, and determined that no such events were identified.

**VNACARE RETIREMENT PLAN
(FORMERLY KNOWN AS VISITING NURSE ASSOCIATION AND
HOSPICE OF SOUTHERN CALIFORNIA, INC. RETIREMENT PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - TAX STATUS

The Organization has adopted a volume submitter 403(b) plan that received its latest favorable opinion letter from the IRS dated April 5, 2018, which stated that the form of the underlying plan is acceptable under Section 403(b) of the IRS for use by eligible employers for the benefit of their employees. The Plan is required to operate in conformity with the IRC to maintain its qualification under Section 403(b). The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

In accordance with GAAP, the Plan management is required to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there were 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 it is no longer subject to income tax examinations for years prior to 2021.

NOTE 4 - PLAN AMENDMENT AND TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan document to discontinue its contributions at any time and to amend or terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, the participants' account balances fully vest, and they would be distributed.

NOTE 5 - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Pursuant to that regulation, the plan administrator has instructed the independent auditors not to perform any auditing procedures with respect to information certified by the custodian. Accordingly, the custodian of the Plan has certified to the completeness and accuracy of all investments reflected in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reflected in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2024.

**VNACARE RETIREMENT PLAN
(FORMERLY KNOWN AS VISITING NURSE ASSOCIATION AND
HOSPICE OF SOUTHERN CALIFORNIA, INC. RETIREMENT PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 5 - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN – CONTINUED

Completeness and accuracy of investments certified by the custodian of the Plan is as follows at December 31:

	2024	2023
Investments:		
Separate Account A	\$ 7,872,261	\$ 7,901,340
Mutual funds	\$ 2,791,729	\$ 2,323,293
Fixed Accounts	\$ 2,668,504	\$ 3,136,070

Completeness and accuracy of related investment activity certified by the custodian of the Plan is as follows for the year ended December 31, 2024:

Investment income:	
Net appreciation in fair value of investments	\$ 1,104,815
Dividends	\$ 110,673
Interest	\$ 64,690

NOTE 6 - VALIC FIXED ACCOUNTS

Fixed Accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses as allowed by the Plan. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their account balances at contract value. Thus, the investment contract is considered fully benefit-responsive, as defined by GAAP. Contract value, as determined by VALIC, represents contributions made under the agreement, plus earnings, less participant withdrawals and administrative expenses.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The minimum guaranteed interest rate varies by participant and depends on the date the participants established their accounts. For the year ended December 31, 2024, the minimum rate ranged from 2.75% to 3.15%. For the year ended December 31, 2023, the minimum rate ranged from 3.00% to 3.25%. The average yield for the years ended December 31, 2024 and 2023 was 2.98% and 3.13%, respectively.

NOTE 7 - FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date (an exit price). The fair value hierarchy prioritized the inputs to valuation techniques used to measure fair value into three levels, with the highest priority given to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority given to unobservable inputs (Level 3).

**VNACARE RETIREMENT PLAN
(FORMERLY KNOWN AS VISITING NURSE ASSOCIATION AND
HOSPICE OF SOUTHERN CALIFORNIA, INC. RETIREMENT PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 7 - FAIR VALUE MEASUREMENTS – CONTINUED

The asset'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 availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require transfer of financial instruments from one level to another. In such instances, the transfer is reported at the end of the reporting period. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023 to value the Plan's assets at fair value, and there were no significant transfers from one level to another during the year ended December 31, 2024.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2024 and 2023:

Fair Value Measurement at December 31, 2024				
<u>Using Input Type</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Separate Account A	\$ -	\$ 7,872,261	\$ -	\$ 7,872,261
Mutual funds	<u>2,791,729</u>	<u>-</u>	<u>-</u>	<u>2,791,729</u>
Total investments at fair value	\$ <u>2,791,729</u>	\$ <u>7,872,261</u>	\$ <u>-</u>	\$ <u>10,663,990</u>

Fair Value Measurement at December 31, 2023				
<u>Using Input Type</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Separate Account A	\$ -	\$ 7,901,340	\$ -	\$ 7,901,340
Mutual funds	<u>2,323,293</u>	<u>-</u>	<u>-</u>	<u>2,323,293</u>
Total investments at fair value	\$ <u>2,323,293</u>	\$ <u>7,901,340</u>	\$ <u>-</u>	\$ <u>10,224,633</u>

During 2024, these investments appreciated in value by \$1,215,488 (including dividends, and gains and losses on investments bought and sold, as well as held at year-end).

**VNACARE RETIREMENT PLAN
(FORMERLY KNOWN AS VISITING NURSE ASSOCIATION AND
HOSPICE OF SOUTHERN CALIFORNIA, INC. RETIREMENT PLAN)**

NOTES TO FINANCIAL STATEMENTS

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by VALIC, the custodian, as defined by the Plan document. Therefore, these transactions qualify as party-in-interest and are denoted as such on the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024. However, these party-in-interest transactions are exempt pursuant to ERISA regulations.

VNACARE RETIREMENT PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	VALIC	<i>Fixed Accounts:</i>		
		Fixed Account Plus	**	\$ 1,854,561
		Fixed Interest Option	**	235,954
		Short-Term Fixed Account	**	567,523
		Annuity forfeitures	**	10,466
				<u>2,668,504</u>
*	VALIC	<i>Separate Account A:</i>		
		Aggressive Growth Lifestyle	93,467 units **	496,017
		Amer BeA Man Lrg Cp Gr Inv Cl	2,164 units **	4,883
		Ariel Appreciation Fund	4,301 units **	22,899
		Ariel Fund	1,715 units **	10,548
		Asset Allocation Fund	148 units **	1,892
		Core Bond Fund	99,506 units **	211,431
		Dividend Value	5,346 units **	29,003
		Emerging Economies	138,561 units **	161,221
		Global Real Estate Fund	47,130 units **	73,627
		Global Strategy	32,161 units **	77,658
		Government Securities Fund	7,491 units **	26,199
		Growth Fund	16,380 units **	96,626
		GS Vit Gov Money Mkt Fd Inst	4,017 units **	8,612
		High Yield Bond Fund	42,011 units **	150,565
		Inflation Protected Fund	56,269 units **	80,216
		International Government Bond	12,240 units **	34,973
		International Growth Fund	3,657 units **	17,386
		International Value Fund	68,447 units **	113,457
		International Equities Index Fund	109,532 units **	291,049
		Intl Opportunities	27,146 units **	83,889
		Intl Socially Responsible Fund	7,071 units **	66,942
		Large Capital Growth	25,719 units **	137,053
		Mid Cap Index Fund	10,476 units **	430,434
		Mid Cap Strategic Growth	43,203 units **	243,309
		Mid Cap Value Fund	12,235 units **	132,994
		Moderate Growth Lifestyle	324,337 units **	1,596,691
		NASDAQ-100(R) Index Fund	34,701 units **	187,499
		Science & Technology Fund	26,750 units **	566,637
		Small Cap Growth Fund	16,827 units **	105,298
		Small Cap Index Fund	4,830 units **	54,683
		Small Cap Special Value Fund	3,950 units **	12,677
		Small Cap Value Fund	11,518 units **	72,696
		Stock Index Fund	16,459 units **	429,372
		Systematic Core Fund	15,856 units **	160,577
		Systematic Growth Fund	45,200 units **	262,272
		Systematic Value	7,711 units **	27,066

See the accompanying independent auditors' report

VNACARE RETIREMENT PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

AS OF DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	VALIC	<i>Separate Account A - Continued:</i>		
		T Rowe Price Retirement 2015 ADV	83,327 units	** \$ 129,679
		T Rowe Price Retirement 2020 ADV	11,810 units	** 19,280
		T Rowe Price Retirement 2025 ADV	47,831 units	** 82,413
		T Rowe Price Retirement 2030 ADV	44,221 units	** 80,617
		T Rowe Price Retirement 2035 ADV	87,394 units	** 168,040
		T Rowe Price Retirement 2040 ADV	18,652 units	** 37,518
		T Rowe Price Retirement 2045 ADV	19,766 units	** 40,968
		T Rowe Price Retirement 2050 ADV	8,692 units	** 18,113
		T Rowe Price Retirement 2060 ADV	9,625 units	** 20,031
		US Socially Responsible Fund	22,646 units	** 153,164
		Vanguard Lifestrategy Conservative	1,876 units	** 5,225
		Vanguard Lifestrategy Growth	66,099 units	** 269,562
		Vanguard Lifestrategy Moderate	497 units	** 1,723
		Vanguard Long-Term Treasury	4,650 units	** 13,017
		Vanguard Long-Term Inv-Grade Fund	3,092 units	** 10,897
		Vanguard Wellington Fund, Inc.	2,723 units	** 21,061
		Vanguard Windsor II	22,445 units	** 199,197
		VC I Capital Appreciation	7,499 units	** 43,421
		VC I Conservative Growth Lifestyle	21,157 units	** 79,984
				<u>7,872,261</u>
		<i>Mutual Funds:</i>		
		Allspring Core Plus Bd Fund R6	935 units	** 10,371
		American Inflation Lnk Bond R6	2,779 units	** 25,426
		DFA US Targeted Value I	37 units	** 1,285
		DFA US Vector Equity I	8,096 units	** 221,257
		MFS Mass Inv Gth Stk R6	788 units	** 34,857
		Vangrd Windsor II Admiral	57 units	** 4,453
		Vanguard 500 Idx Adm	512 units	** 277,998
		Vanguard Developed Mkts Id Adm	18,496 units	** 284,101
		Vanguard Emrg Mkt Stk Idx Adm	2,928 units	** 107,679
		Vanguard Explorer Adm	15 units	** 1,664
		Vanguard Intrm-Trm Bnd Idx Adm	14,464 units	** 146,524
		Vanguard Sm Cp Idx Adm	48 units	** 5,573
		Vanguard Tgt Rtmt 2025	42,818 units	** 800,269
		Vanguard Tgt Rtmt 2030	8,663 units	** 328,168
		Vanguard Tgt Rtmt 2035	14,293 units	** 342,751
		Vanguard Tgt Rtmt 2040	442 units	** 19,111
		Vanguard Tgt Rtmt 2045	383 units	** 11,366
		Vanguard Tgt Rtmt 2050	110 units	** 5,502
		Vanguard Tgt Rtmt 2055	79 units	** 4,426
		Vanguard Tgt Rtmt Inc	775 units	** 10,156
		VC I Mid Cap Index	369 units	** 10,294

See the accompanying independent auditors' report

VNACARE RETIREMENT PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

AS OF DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<i>Mutual Funds - Continued:</i>			
		VC I Mid Cap Strategic Growth	4,293 units	** \$ 87,921
		VC I Nasdaq 100 Index	212 units	** 5,925
		VC I US Socially Responsible	2,136 units	** 44,652
				<u>2,791,729</u>
*	Notes receivable from participants	Interest rates ranging from 1.00% to 9.50%, maturing through December 2029	-	<u>157,394</u>
			\$	<u><u>13,489,888</u></u>

* Party-in-interest as defined by ERISA

** Cost omitted for participant-directed investments

See the accompanying independent auditors' report

VNACARE RETIREMENT PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	VALIC	<i>Fixed Accounts:</i>		
		Fixed Account Plus	**	\$ 1,854,561
		Fixed Interest Option	**	235,954
		Short-Term Fixed Account	**	567,523
		Annuity forfeitures	**	10,466
				<u>2,668,504</u>
*	VALIC	<i>Separate Account A:</i>		
		Aggressive Growth Lifestyle	93,467 units **	496,017
		Amer BeA Man Lrg Cp Gr Inv Cl	2,164 units **	4,883
		Ariel Appreciation Fund	4,301 units **	22,899
		Ariel Fund	1,715 units **	10,548
		Asset Allocation Fund	148 units **	1,892
		Core Bond Fund	99,506 units **	211,431
		Dividend Value	5,346 units **	29,003
		Emerging Economies	138,561 units **	161,221
		Global Real Estate Fund	47,130 units **	73,627
		Global Strategy	32,161 units **	77,658
		Government Securities Fund	7,491 units **	26,199
		Growth Fund	16,380 units **	96,626
		GS Vit Gov Money Mkt Fd Inst	4,017 units **	8,612
		High Yield Bond Fund	42,011 units **	150,565
		Inflation Protected Fund	56,269 units **	80,216
		International Government Bond	12,240 units **	34,973
		International Growth Fund	3,657 units **	17,386
		International Value Fund	68,447 units **	113,457
		International Equities Index Fund	109,532 units **	291,049
		Intl Opportunities	27,146 units **	83,889
		Intl Socially Responsible Fund	7,071 units **	66,942
		Large Capital Growth	25,719 units **	137,053
		Mid Cap Index Fund	10,476 units **	430,434
		Mid Cap Strategic Growth	43,203 units **	243,309
		Mid Cap Value Fund	12,235 units **	132,994
		Moderate Growth Lifestyle	324,337 units **	1,596,691
		NASDAQ-100(R) Index Fund	34,701 units **	187,499
		Science & Technology Fund	26,750 units **	566,637
		Small Cap Growth Fund	16,827 units **	105,298
		Small Cap Index Fund	4,830 units **	54,683
		Small Cap Special Value Fund	3,950 units **	12,677
		Small Cap Value Fund	11,518 units **	72,696
		Stock Index Fund	16,459 units **	429,372
		Systematic Core Fund	15,856 units **	160,577
		Systematic Growth Fund	45,200 units **	262,272
		Systematic Value	7,711 units **	27,066

See the accompanying independent auditors' report

VNACARE RETIREMENT PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

AS OF DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	VALIC	<i>Separate Account A - Continued:</i>		
		T Rowe Price Retirement 2015 ADV	83,327 units	** \$ 129,679
		T Rowe Price Retirement 2020 ADV	11,810 units	** 19,280
		T Rowe Price Retirement 2025 ADV	47,831 units	** 82,413
		T Rowe Price Retirement 2030 ADV	44,221 units	** 80,617
		T Rowe Price Retirement 2035 ADV	87,394 units	** 168,040
		T Rowe Price Retirement 2040 ADV	18,652 units	** 37,518
		T Rowe Price Retirement 2045 ADV	19,766 units	** 40,968
		T Rowe Price Retirement 2050 ADV	8,692 units	** 18,113
		T Rowe Price Retirement 2060 ADV	9,625 units	** 20,031
		US Socially Responsible Fund	22,646 units	** 153,164
		Vanguard Lifestrategy Conservative	1,876 units	** 5,225
		Vanguard Lifestrategy Growth	66,099 units	** 269,562
		Vanguard Lifestrategy Moderate	497 units	** 1,723
		Vanguard Long-Term Treasury	4,650 units	** 13,017
		Vanguard Long-Term Inv-Grade Fund	3,092 units	** 10,897
		Vanguard Wellington Fund, Inc.	2,723 units	** 21,061
		Vanguard Windsor II	22,445 units	** 199,197
		VC I Capital Appreciation	7,499 units	** 43,421
		VC I Conservative Growth Lifestyle	21,157 units	** 79,984
				<u>7,872,261</u>
		<i>Mutual Funds:</i>		
		Allspring Core Plus Bd Fund R6	935 units	** 10,371
		American Inflation Lnk Bond R6	2,779 units	** 25,426
		DFA US Targeted Value I	37 units	** 1,285
		DFA US Vector Equity I	8,096 units	** 221,257
		MFS Mass Inv Gth Stk R6	788 units	** 34,857
		Vangrd Windsor II Admiral	57 units	** 4,453
		Vanguard 500 Idx Adm	512 units	** 277,998
		Vanguard Developed Mkts Id Adm	18,496 units	** 284,101
		Vanguard Emrg Mkt Stk Idx Adm	2,928 units	** 107,679
		Vanguard Explorer Adm	15 units	** 1,664
		Vanguard Intrm-Trm Bnd Idx Adm	14,464 units	** 146,524
		Vanguard Sm Cp Idx Adm	48 units	** 5,573
		Vanguard Tgt Rtmt 2025	42,818 units	** 800,269
		Vanguard Tgt Rtmt 2030	8,663 units	** 328,168
		Vanguard Tgt Rtmt 2035	14,293 units	** 342,751
		Vanguard Tgt Rtmt 2040	442 units	** 19,111
		Vanguard Tgt Rtmt 2045	383 units	** 11,366
		Vanguard Tgt Rtmt 2050	110 units	** 5,502
		Vanguard Tgt Rtmt 2055	79 units	** 4,426
		Vanguard Tgt Rtmt Inc	775 units	** 10,156
		VC I Mid Cap Index	369 units	** 10,294

See the accompanying independent auditors' report

VNACARE RETIREMENT PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

AS OF DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		<i>Mutual Funds - Continued:</i>		
		VC I Mid Cap Strategic Growth	4,293 units	** \$ 87,921
		VC I Nasdaq 100 Index	212 units	** 5,925
		VC I US Socially Responsible	2,136 units	** 44,652
				<u>2,791,729</u>
*	Notes receivable from participants	Interest rates ranging from 1.00% to 9.50%, maturing through December 2029	-	<u>157,394</u>
				<u>\$ 13,489,888</u>

* Party-in-interest as defined by ERISA

** Cost omitted for participant-directed investments

See the accompanying independent auditors' report

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation

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, 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
C If the plan is a collectively-bargained plan, check here
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension
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 VNACare Retirement Plan

1b Three-digit plan number (PN) 002

1c Effective date of plan 01/01/2002

2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) VNACare

2b Employer Identification Number (EIN) 95-1733155

2c Plan Sponsor's telephone number (951) 235-2442

10350 Commerce Center Drive Suite A-250 Rancho Cucamonga CA 91730

2d Business code (see instructions) 621610

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, Date, and Name. Contains three rows of signatures for Valerie Hogman as plan administrator, employer, and DFE.

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

Form 5500 (2024) v. 240311

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	5 452
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) 163 6a(2) 150 6b 0 6c 280 6d 430 6e 0 6f 430 6g(1) 377 6g(2) 357 6h 1
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:
 2E 2F 2G 2L 2T

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

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

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