

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic 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: HOSPICE & PALLIATIVE CARE CHARLOTTE REGION SAVINGS AND INCENTIVE PARTNERSHIP PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 07/01/1984
2a Plan sponsor's name (employer, if for a single-employer plan): HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
2b Employer Identification Number (EIN): 56-1219017
2c Plan Sponsor's telephone number: 704-375-0100
2d Business code (see instructions): 621498

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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

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 | 1335 |
| 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) | 829 |
| | 6a(2) | 979 |
| | 6b | 18 |
| | 6c | 593 |
| | 6d | 1590 |
| | 6e | 2 |
| | 6f | 1592 |
| | 6g(1) | 981 |
| 6g(2) | 1191 | |
| 6h | 0 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2L 2R 3D

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

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

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

| | |
|--|---|
| a Pension Schedules | b General Schedules |
| (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input 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
HOSPICE & PALLIATIVE CARE CHARLOTTE REGION SAVINGS AND INCENTIVE PARTNERSHIP PLAN

B Three-digit plan number (PN) ▶ **002**

C Plan sponsor's name as shown on line 2a of Form 5500
HOSPICE & PALLIATIVE CARE CHARLOTTE REGION

D Employer Identification Number (EIN)
56-1219017

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 INSURANCE 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 | 51424 | 1194 | 01/01/2024 | 12/31/2024 |

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

(a) Total amount of commissions paid

(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| Part II | Investment and Annuity Contract Information | |
|----------------------------|--|---------------------|
| | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. | |
| 4 | Current value of plan's interest under this contract in the general account at year end | 3478448 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | |
| 6 | Contracts With Allocated Funds: | |
| a | State the basis of premium rates ▶ | |
| b | Premiums paid to carrier | 6b |
| c | Premiums due but unpaid at the end of the year | 6c |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d |
| e | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | |
| f | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/> | |
| 7 | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | |
| a | Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | |
| b | Balance at the end of the previous year | 7b 3586145 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) 184642 |
| | (2) Dividends and credits..... | 7c(2) 0 |
| | (3) Interest credited during the year..... | 7c(3) 79043 |
| | (4) Transferred from separate account | 7c(4) 116919 |
| | (5) Other (specify below)..... ▶ | 7c(5) 0 |
| | (6) Total additions | 7c(6) 380604 |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 7d 3966749 |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) 468585 |
| | (2) Administration charge made by carrier..... | 7e(2) 0 |
| | (3) Transferred to separate account | 7e(3) 8285 |
| | (4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES | 7e(4) 11431 |
| (5) Total deductions | 7e(5) 488301 | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f 3478448 |

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) | 0 |
| 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) | 0 |
| | (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) | 0 |
| | (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. |
|--|--|---|

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

| | | |
|--|--|------------|
| A Name of plan HOSPICE & PALLIATIVE CARE CHARLOTTE REGION SAVINGS AND INCENTIVE PARTNERSHIP PLAN | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 HOSPICE & PALLIATIVE CARE CHARLOTTE REGION | D Employer Identification Number (EIN) 56-1219017 | |

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

VALIC RETIREMENT SERVICES COMPANY

51-0396535

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

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

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

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

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 50 64 | NONE | 136331 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

| | | |
|--|---|--|
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (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 |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan HOSPICE & PALLIATIVE CARE CHARLOTTE REGION SAVINGS AND INCENTIVE PARTNERSHIP PLAN | B Three-digit plan number (PN) ▶ 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 HOSPICE & PALLIATIVE CARE CHARLOTTE REGION | D Employer Identification Number (EIN) 56-1219017 |

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

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

| | | (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) | 0 | 0 |
| (2) Participant contributions | 1b(2) | 0 | 0 |
| (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) | 513257 | 576552 |
| (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) | 34947560 | 40767120 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 3586145 | 3478448 |
| (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 | 39046962 | 44822120 |
| 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 | 39046962 | 44822120 |

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) | 930531 | |
| (B) Participants..... | 2a(1)(B) | 3036187 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 1683202 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 5649920 |
| 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) | 29464 | |
| (F) Other..... | 2b(1)(F) | 87308 | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 116772 |
| (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) | 1303032 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 1303032 |
| (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) | | 3626843 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 10696567 |

Expenses

| | | | |
|--|--------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 4785076 | |
| (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) | | 4785076 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 136333 | |
| (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) | | 136333 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 4921409 |

Net Income and Reconciliation

| | | | |
|--|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k | | 5775158 |
| 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: **CHERRY BEKAERT LLP**

(2) EIN: **56-0574444**

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.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 24189 |
| 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.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| e Was this plan covered by a fidelity bond? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| l Has the plan failed to provide any benefit when due under the plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> | |

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. |
|--|---|---|

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

| | | |
|--|--|------------|
| A Name of plan <u>HOSPICE & PALLIATIVE CARE CHARLOTTE REGION SAVINGS AND INCENTIVE PARTNERSHIP 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>HOSPICE & PALLIATIVE CARE CHARLOTTE REGION</u> | D Employer Identification Number (EIN) <u>56-1219017</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 | | 0 |
|---|--|---|

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): 74-1625348

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.

HOSPICE & PALLIATIVE CARE CHARLOTTE REGION SAVINGS AND INCENTIVE PARTNERSHIP PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

*As of December 31, 2024 and 2023 and
for the Year Ended December 31, 2024*

And Report of Independent Auditor

**HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
SAVINGS AND INCENTIVE PARTNERSHIP PLAN
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Report of Independent Auditor

To the Plan Administrator and Participants
Hospice & Palliative Care Charlotte Region
Savings and Incentive Partnership Plan
Charlotte, North Carolina

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

We have performed audits of the accompanying financial statements of Hospice & Palliative Care Charlotte Region Savings and Incentive Partnership Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (“investment information”) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided 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 DOL’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institutions”).

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

Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined 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 *Auditor’s Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan, and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe 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 these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule of Delinquent Participant Contributions – Form 5500, Schedule H, Part IV, Line 4a for the year ended December 31, 2024, and Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by DOL’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Cherry Bekaert LLP

Charlotte, North Carolina
October 13, 2025

**HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
SAVINGS AND INCENTIVE PARTNERSHIP PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

DECEMBER 31, 2024 AND 2023

| | <u>2024</u> | <u>2023</u> |
|--|-----------------------------|-----------------------------|
| ASSETS | | |
| Investments: | | |
| Investments, at fair value | \$ 40,767,120 | \$ 34,947,560 |
| Guaranteed investment contracts, at contract value | <u>3,478,448</u> | <u>3,586,145</u> |
| Total Investments | 44,245,568 | 38,533,705 |
| Receivables: | | |
| Notes receivable from participants | <u>576,552</u> | <u>513,257</u> |
| Net Assets Available for Benefits | <u><u>\$ 44,822,120</u></u> | <u><u>\$ 39,046,962</u></u> |

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

**HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
SAVINGS AND INCENTIVE PARTNERSHIP PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

YEAR ENDED DECEMBER 31, 2024

Additions to net assets attributed to:

Investment Income:

| | |
|---|------------------|
| Interest income | \$ 87,308 |
| Dividend income | 1,303,032 |
| Net appreciation in fair value of investments | <u>3,626,843</u> |
| Total Investment Income | <u>5,017,183</u> |

| | |
|---|---------------|
| Interest income on notes receivable from participants | <u>29,464</u> |
|---|---------------|

Contributions:

| | |
|---------------------|-------------------|
| Participants | 3,036,187 |
| Employer | 930,531 |
| Rollovers | <u>1,683,202</u> |
| Total Contributions | <u>5,649,920</u> |
| Total Additions | <u>10,696,567</u> |

Deductions from net assets attributed to:

| | |
|-------------------------------|------------------|
| Benefits paid to participants | 4,785,076 |
| Administrative expenses | <u>136,333</u> |
| Total Deductions | <u>4,921,409</u> |

| | |
|---|-----------|
| Net increase in net assets available for benefits | 5,775,158 |
|---|-----------|

| | |
|--|-------------------|
| Net assets available for benefits, beginning of year | <u>39,046,962</u> |
|--|-------------------|

| | |
|--|-----------------------------|
| Net assets available for benefits, end of year | <u><u>\$ 44,822,120</u></u> |
|--|-----------------------------|

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

HOSPICE & PALLIATIVE CARE CHARLOTTE REGION SAVINGS AND INCENTIVE PARTNERSHIP PLAN NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

Note 1—Description of the Plan

The following description of the Hospice & Palliative Care Charlotte Region Savings and Incentive Partnership Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General – The Plan is a 403(b) plan established by Hospice & Palliative Care Charlotte Region (“HPCCR” or “Sponsor”) on July 1, 1984, which was restated effective December 1, 2024, to permit Roth deferrals. The Plan covers all employees of the Sponsor and its affiliates except “leased employees”, as defined by the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Administration – The Plan is administered by the Sponsor, which serves without compensation. The Sponsor has the overall responsibility and authority as the named fiduciary to manage and control the operations and administration of the Plan and may designate one or more individuals to perform those responsibilities. The Sponsor has designated the Vice President of Human Resources to administer the Plan and has outsourced the recordkeeping function of the Plan to VALIC Trust Company Inc. (“VALIC Trust Company”) and the Variable Annuity Life Insurance Company (“VALIC”), previously known as AIG Retirement Services (“AIGR”), the “Custodians” or “qualified institutions” of the Plan.

Contributions – For the year ended December 31, 2024, participants may contribute up to \$23,000 of pre-tax annual compensation subject to certain Internal Revenue Code (“IRC”) limitations. Participants are allowed to transfer or rollover funds into the Plan from other qualified defined benefit or contribution plans. Unless the employee is part of an excluded class of employees noted above, employees are eligible to make elective deferrals as of the first day of the first payroll period commencing after the date the eligibility requirements are satisfied. Effective December 1, 2024, participants may elect to have all or any portion of their salary deferral and catch-up contributions treated as Roth 401(k) contributions. Participants’ contributions are subject to certain discrimination tests prescribed by the IRC and other limitations specified in the Plan.

Plan Sponsor matching contributions are discretionary. HPCCR elected to match 50% of employee contributions up to 6% of eligible wages for the year ended December 31, 2024. Employees who are classified as highly compensated employees, as defined by the IRC, are not eligible for Sponsor discretionary matching contributions. However, highly compensated employees are eligible to receive Sponsor discretionary contributions. An employee must complete a year of service, defined as at least 1,000 hours of service, and be employed on the last day of the Plan year to receive Sponsor discretionary contributions. The amount of Sponsor discretionary contributions shall be based on the ratio, for the Plan year, of each employee’s compensation to the total compensation of all employees who are eligible for such contributions. There were no Sponsor discretionary contributions for the year ended December 31, 2024.

Participants direct the investments of their contributions into various investment options offered by the Plan.

Catch-Up Contributions – For the year ended December 31, 2024, if a participant is eligible to make deferrals and reaches age 50 before the end of any calendar year, the participant may defer an additional \$7,500 into the Plan subject to certain IRC limitations.

Participant Accounts – Each participant’s account is credited with the participant’s contributions, related Sponsor contributions, an allocation of Plan earnings and charged with benefits paid to participants, an allocation of Plan losses, and an allocation of administrative expenses not paid by the Sponsor. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

**HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
SAVINGS AND INCENTIVE PARTNERSHIP PLAN
NOTES TO THE FINANCIAL STATEMENTS**

DECEMBER 31, 2024

Note 1—Description of the Plan (continued)

Vesting Requirements – Participants are immediately fully vested in their participant contributions, including catch-up contributions, and rollover contributions and Sponsor discretionary matching contributions, and earnings thereon. Participants will fully vest in HPCCR’s discretionary contributions after three years of service. There is no partial vesting in the Plan.

Investment Options – Upon enrollment in the Plan, a participant may direct 100% of their account balances. Within VALIC, participants may select between several investment options. Participants may transfer balances periodically based on the applicable funds as defined in the custodial service agreement.

Notes Receivable from Participants – Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 reduced by the excess of any highest outstanding loan balance within the previous 12 months over the balances currently owed or 50% of their vested balances. Interest is charged at a stated rate that can be adjusted annually. As of December 31, 2024, the rates varied from 4.25% to 9.5%. Loan terms ranged from 1 to 5 years or up to 15 years for the purchase of a primary residence. The loans are secured by the balance in the participant’s account. Principal and interest is paid through an automatic draft of the participant’s checking account or billed to the participant by the Custodians. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document. Notes receivable from participants outstanding amounted to \$429,661 and \$353,585 as of December 31, 2024 and 2023, respectively.

Collateral Loan Fund – Prior to July 1, 2011, participants could borrow from their account balances with interest charged at a stated rate that can be adjusted annually. The loans themselves were with VALIC, and an amount equal to the loan was placed in a collateral loan fund, which served as collateral to the insurance company. Effective July 1, 2011, participants are no longer able borrow from VALIC. As of December 31, 2024, the rates varied from 1% to 4%. Loan terms range from 1 to 5 years. The minimum loan is \$1,000, and the maximum loan is the lesser of \$50,000 less the highest outstanding loan balance during the 1-year period prior to the new loan application date, or 50% of the participant’s vested account balance, less any current outstanding loan balance. The collateral loan fund amounted to \$144,471 and \$157,169 as of December 31, 2024 and 2023, respectively. Of these amounts, \$124,483 and \$127,903 as of December 31, 2024 and 2023, respectively, are collateral on defaulted loans that have yet to be foreclosed on by VALIC. These amounts are considered Plan assets until foreclosure occurs.

Loan Escrow Fund – The loan escrow fund is used to disburse loan proceeds and to receive repayments. Interest is paid on any remaining balance. The loan escrow fund amounted to \$2,420 and \$2,503 as of December 31, 2024 and 2023, respectively.

Benefits Paid to Participants – Upon retirement, disability, or death, a participant or beneficiary receives the entire amount credited to the participant’s account in either a lump sum or, at the participant’s election, in annual installments. Upon termination, other than by retirement, disability, or death, a participant becomes eligible to receive the current value of the participant’s account in a lump sum. Withdrawals prior to attaining age 59½ are not permitted, except in the event of retirement, disability, or as a hardship distribution. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts contributed may be withdrawn for a hardship purpose. Certain income tax penalties may apply to withdrawals or distributions prior to age 59½. Benefits paid to participants are recorded when paid.

Forfeitures – All forfeitures are held in a suspense account and may be used to reduce future Sponsor contributions. No forfeitures were used during the year ended December 31, 2024. The forfeiture account amounted to \$13,753 and \$6,921 as of December 31, 2024 and 2023, respectively.

HOSPICE & PALLIATIVE CARE CHARLOTTE REGION SAVINGS AND INCENTIVE PARTNERSHIP PLAN NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

Note 2—Summary of significant accounting policies

Basis of Accounting – The accompanying financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Use of Estimates – The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition – Investments in the Plan are reported at fair value, except for fully benefit-responsive investments, which are reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

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

Fair Value Measurements – U.S. GAAP defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction value hierarchy which requires an entity to maximize the use of observable inputs when measuring fair value.

U.S. GAAP describes three levels of inputs that may be used to measure fair value:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument’s level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The Plan uses appropriate valuation methodologies based on the available inputs to measure the fair value of its investments. The following are descriptions of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Mutual Funds – These investments are public investment vehicles valued using the net asset value (“NAV”) provided by the administrator of the fund. NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

Pooled Separate Accounts – These investments are valued daily based on the market value of the underlying net assets in each separate account. The majority of the underlying net assets have observable Level 1 and/or Level 2 quoted pricing inputs which are used to determine the unit value of the pooled separate account, which is not publicly quoted. Therefore, the pooled separate accounts are classified as Level 2.

**HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
SAVINGS AND INCENTIVE PARTNERSHIP PLAN
NOTES TO THE FINANCIAL STATEMENTS**

DECEMBER 31, 2024

Note 2—Summary of significant accounting policies (continued)

The Plan believes its valuation methods are appropriate and consistent with other market participants; however, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Risks and Uncertainties – The Plan provides for various investment options in mutual funds, pooled separate accounts, and guaranteed investment contracts. These investment securities are subject to various risks, such as interest rate, credit, and overall market volatility. Due to the levels 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 such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Administrative Expenses – In accordance with the provisions of the Plan, certain administrative expenses, such as Custodian fees and investment management fees, are paid by the Plan and are included in the accompanying financial statements. Any administrative expenses not meeting the Plan provisions are paid by the Sponsor and are not included in the accompanying financial statements. Administrative expenses paid by the Sponsor are not reimbursed by the Plan.

Note 3—Information certified by the Plan’s qualified institutions (unaudited)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, VALIC Trust Company and VALIC, the qualified institutions, have certified to the completeness and accuracy of the following data included in the accompanying financial statements and supplemental schedule:

Total investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.

Interest income, dividend income, net appreciation in fair value of investments, and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024.

Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of December 31, 2024.

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

Note 4—Guaranteed investment contracts

The Plan invests in fully benefit-responsive investment contracts with VALIC. VALIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to pay a specified interest rate that is guaranteed by the Plan.

As described in Note 2, these contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

**HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
SAVINGS AND INCENTIVE PARTNERSHIP PLAN
NOTES TO THE FINANCIAL STATEMENTS**

DECEMBER 31, 2024

Note 4—Guaranteed investment contracts (continued)

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

Certain events limit the Plan's ability to transact at contract value with issuers of investment contracts. Such events include: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

The VALIC fixed account options are supported by the VALIC general account and offer guaranteed crediting rates specified in advance of participant investment and set in response to several factors:

- The totality of investments previously made by participants,
- Their anticipated payout timing requirements,
- The current investment climate,
- Contractual minimum interest rate guarantees,
- Competitive requirements, and
- Required return on invested capital supporting the product.

VALIC seeks to earn a risk-adjusted return in excess of the rate credited on account values. Actual investments are subject to risks which include:

- Default risk (that bonds or mortgage holders may default),
- Credit risk (that bonds or mortgages credit rating may decrease, reducing the stated value of investments),
- Interest rate volatility risk (that interest rates may rise, reducing the value of bonds held, or that interest rates may decrease below the rate needed to support the product guarantees), and
- Disintermediation risk and liquidity risk (that participants and/or groups may move investments out of the general account resulting in the need to sell assets which could be below the stated value).

VALIC incurs these risks and holds additional assets (surplus) in order to have sufficient funds to meet participant and Plan guarantees. A participant can make transfers out of the VALIC Fixed-Interest Account to mutual funds and pooled separate accounts at any time, or directly to a competing fixed option subject to a 90-day equity wash provision. The Plan does not have any unfunded commitments as of December 31, 2024 or 2023 or for the year ended December 31, 2024.

The guaranteed investment contracts do not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

**HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
SAVINGS AND INCENTIVE PARTNERSHIP PLAN
NOTES TO THE FINANCIAL STATEMENTS**

DECEMBER 31, 2024

Note 5—Fair value measurements

Below are the Plan’s financial instruments carried at fair value on a recurring basis by the fair value hierarchy levels as of December 31:

| | 2024 | | | |
|--------------------------|----------------------|---------------------|----------------|-----------------------------|
| | Level 1 | Level 2 | Level 3 | Total Fair Value |
| Mutual funds | \$ 39,017,101 | \$ - | \$ - | \$ 39,017,101 |
| Pooled separate accounts | - | 1,750,019 | - | 1,750,019 |
| | <u>\$ 39,017,101</u> | <u>\$ 1,750,019</u> | <u>\$ -</u> | <u>\$ 40,767,120</u> |
| | 2023 | | | |
| | Level 1 | Level 2 | Level 3 | Total Fair Value |
| Mutual funds | \$ 32,854,958 | \$ - | \$ - | \$ 32,854,958 |
| Pooled separate accounts | - | 2,092,602 | - | 2,092,602 |
| | <u>\$ 32,854,958</u> | <u>\$ 2,092,602</u> | <u>\$ -</u> | <u>\$ 34,947,560</u> |

Note 6—Party-in-interest transactions

Certain Plan investments are shares of mutual funds and pooled separate accounts managed by VALIC Trust Company and guaranteed investment contracts managed by VALIC, as of December 31, 2024 and 2023, and for the year ended December 31, 2024. VALIC Trust Company and VALIC are the Custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions.

Fees paid by the Plan for the custodial and administrative services of VALIC Trust Company and VALIC amounted to \$136,333 for the year ended December 31, 2024.

Note 7—Tax status

The Internal Revenue Service (“IRS”) has determined and informed the Plan prototype sponsor by a letter dated April 5, 2018, that the Plan prototype and related trust are designed in accordance with the applicable sections of the IRC. The Sponsor has chosen to rely on the determination letter issued to the Plan prototype sponsor. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax and, therefore, the Plan and related trust continue to be tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
SAVINGS AND INCENTIVE PARTNERSHIP PLAN
NOTES TO THE FINANCIAL STATEMENTS**

DECEMBER 31, 2024

Note 8—Plan termination

The Sponsor believes the Plan will continue without interruption but reserves the right to discontinue the Plan. In the event such discontinuance results in termination of the Plan, the Plan provides that the assets be allocated among the participants and beneficiaries in the amounts credited to each participant's respective account at the effective date of such termination. Distribution of participant account balances will occur as soon as administratively feasible upon termination of the Plan.

Note 9—Nonexempt transaction

During the years ended December 31, 2024 and 2023, employee withholdings totaling \$10,827 and \$13,362, respectively, were not remitted to the trust within the appropriate time period by the Sponsor. These transactions constituted prohibited transactions as defined by ERISA. The Sponsor intends to remit lost earnings to the Plan in 2025.

Note 10—Subsequent events

The Sponsor has evaluated subsequent events through October 13, 2025, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

**HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
 SAVINGS AND INCENTIVE PARTNERSHIP PLAN
 SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 FORM 5500, SCHEDULE H, PART IV, LINE 4a
 EIN: 56-1219017, PLAN NUMBER: 002**

YEAR ENDED DECEMBER 31, 2024

| Participant Contributions Transferred Late to Plan | | Total that Constitutes Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|--|-------------------------|--|--------------------------------------|---------------------------------|--|
| Check here if Late Participant Loan Repayments are included: X | | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Corrected in VFCP | |
| Period | Amount Transferred Late | | | | |
| 2024 | \$ 10,827 | \$ 10,827 | \$ - | \$ - | \$ - |
| 2023 | \$ 13,362 | \$ 13,362 | \$ - | \$ - | \$ - |

HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
SAVINGS AND INCENTIVE PARTNERSHIP PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 56-1219017, PLAN NUMBER: 002

DECEMBER 31, 2024

| (a) | (b) | (c) | (e) |
|-----|---|--|-------------------|
| | Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value | Current Value |
| | Mutual Funds: | | |
| | American Beacon | American Beacon Small Cap Value Institutional | \$ 110,546 |
| | Fidelity | Fidelity Overseas | 1,975,998 |
| | American Funds | Amer Cent Us Govt Mmkt Inv | 569,402 |
| | Columbia | Columbia Balanced R5 | 3,157,159 |
| | Harbor Funds | Harbor Capital Appreciation Institutional | 1,528,117 |
| | Janus | Janus Enterprise I | 291,045 |
| | JPMorgan | JPMorgan SmartRetirement Income R6 | 63,849 |
| | JPMorgan | JPMorgan SmartRetirement Blend 2020 Fund R6 | 274,992 |
| | JPMorgan | JPMorgan SmartRetirement Blend 2025 Fund R6 | 951,275 |
| | JPMorgan | JPMorgan SmartRetirement Blend 2030 Fund R6 | 2,512,283 |
| | JPMorgan | JPMorgan SmartRetirement Blend 2035 Fund R6 | 2,248,610 |
| | JPMorgan | JPMorgan SmartRetirement Blend 2040 Fund R6 | 1,932,215 |
| | JPMorgan | JPMorgan SmartRetirement Blend 2045 Fund R6 | 3,049,211 |
| | JPMorgan | JPMorgan SmartRetirement Blend 2050 Fund R6 | 1,963,172 |
| | JPMorgan | JPMorgan SmartRetirement Blend 2055 Fund R6 | 1,997,966 |
| | MFS | MFS Mid Cap Value R6 | 422,001 |
| | MFS | MFS Value R6 | 231,235 |
| | PIMCO | PIMCO Total Return Institutional | 569,338 |
| | Principal | Principal Real Estate Securities Institutional | 409,626 |
| | T. Rowe Price | T. Rowe Price QM U.S. Small-Cap Growth Equity | 824,064 |
| | Vanguard | Vanguard Mid Cap Index ADM | 1,741,151 |
| | Vanguard | Vanguard 500 Index ADM | 6,485,960 |
| | Vanguard | Vanguard Small Cap Index ADM | 2,643,539 |
| | Vanguard | Vanguard Total Bond Market Index Fund Adm | 1,413,443 |
| | Vanguard | Vanguard Total Intl Stock Index Adm | 1,650,904 |
| | Total Mutual Funds | | 39,017,101 |

HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
SAVINGS AND INCENTIVE PARTNERSHIP PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 56-1219017, PLAN NUMBER: 002

DECEMBER 31, 2024

| (a) | (b) | (c) | (e) |
|--|--|---|------------------|
| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value | Current Value | Value |
| Pooled Separate Accounts: | | | |
| | PineBridge Investments | Aggressive Growth Lifecycle | \$ 100,369 |
| * | VALIC Trust Company | Core Bond Fund | 42,034 |
| * | VALIC Trust Company | Dividend Value | 13,932 |
| | JP Morgan | Emerging Economies | 14,456 |
| | Invesco Advisors | Global Real Estate Fund | 5,369 |
| * | VALIC Trust Company | Growth Fund | 32,608 |
| * | VALIC Trust Company | GS Vit Government Money Makert Fund Institution | 19,630 |
| * | VALIC Trust Company | High Yield Bond Fund | 2,317 |
| * | VALIC Trust Company | Inflation Protected Fund | 4,443 |
| | American Century | International Growth Fund | 40,971 |
| * | VALIC Trust Company | International Value Fund | 10,279 |
| | PineBridge Investments | International Equities Index Fund | 18,937 |
| * | VALIC Trust Company | International Opportunities | 8,044 |
| | SunAmerica Asset Management Corp. | International Socially Responsible Fund | 8,441 |
| * | VALIC Trust Company | Large Capital Growth | 5,497 |
| | SunAmerica Asset Management Corp. | Mid Cap Index Fund | 139,024 |
| * | VALIC Trust Company | Mid Cap Strategic Growth | 33,207 |
| | Wellington | Mid Cap Value Fund | 10,288 |
| | PineBridge Investments | Moderate Growth Lifestyle | 165,112 |
| * | VALIC Trust Company | Science & Technology Fund | 41,114 |
| | SunAmerica Asset Management Corp. | Small Cap Index Fund | 91,533 |
| | Wells Cap | Small Cap Value Fund | 8,182 |
| | SunAmerica Asset Management Corp. | Stock Index Fund | 51,268 |
| * | VALIC Trust Company | Systematic Growth Fund | 170,032 |
| | T. Rowe Price | T Rowe Price Retirement 2025 Advantage | 40,206 |
| | T. Rowe Price | T Rowe Price Retirement 2030 Advantage | 8,453 |
| | T. Rowe Price | T Rowe Price Retirement 2035 Advantage | 29,096 |
| | T. Rowe Price | T Rowe Price Retirement 2040 Advantage | 10,034 |
| | T. Rowe Price | T Rowe Price Retirement 2045 Advantage | 106,249 |
| | T. Rowe Price | T Rowe Price Retirement 2050 Advantage | 62,037 |
| | T. Rowe Price | T Rowe Price Retirement 2055 Advantage | 58,176 |
| | T. Rowe Price | T Rowe Price Retirement 2060 Advantage | 4,130 |
| | SunAmerica Asset Management Corp. | US Socially Responsible Fund | 28,059 |
| | Vanguard | Vanguard Lifestrategy Growth | 27,921 |
| | Vanguard | Vanguard Wellington Fund Inc | 116,653 |
| | Vanguard | Vanguard Windsor II | 66,827 |
| | Boston Co. | VC I Capital Appreciation | 109,489 |
| | PineBridge Investments | VC I Conserve Growth Lifestyle | 45,602 |
| Total Pooled Separate Accounts | | | 1,750,019 |

HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
SAVINGS AND INCENTIVE PARTNERSHIP PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 56-1219017, PLAN NUMBER: 002

DECEMBER 31, 2024

| (a) | (b) | (c) | (e) |
|-----|--|--|-----------------------------|
| | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value | Current Value |
| | Guaranteed Investment Contracts: | | |
| * | VALIC | Fixed Account Plus | \$ 302,323 |
| * | VALIC | Fixed Interest Option | 3,146,457 |
| * | VALIC | Short Term Fixed Account | 29,668 |
| | Total Guaranteed Investment Contracts | | <u>3,478,448</u> |
| * | Notes Receivable from Participants | Loans to participants, maturing through 2035, with rates varying from 4.25% to 9.50%. | 429,661 |
| * | Collateral Loan Fund | Collateral loan fund, due in varying amounts with rates varying from 1.00% to 4.00%. | 144,471 |
| * | Loan Escrow Fund | Loan escrow fund, due in varying amounts with rates varying from 1.00% to 4.00%. | 2,420 |
| | Total Assets (Held at End of Year) | | <u><u>\$ 44,822,120</u></u> |

Note: An asterisk (*) in column (a) denotes a party-in-interest to the Plan. Column (d), cost of investments, is not applicable as all investments are self-directed.

HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
SAVINGS AND INCENTIVE PARTNERSHIP PLAN
 SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 FORM 5500, SCHEDULE H, PART IV, LINE 4a
 EIN: 56-1219017, PLAN NUMBER: 002

YEAR ENDED DECEMBER 31, 2024

| Participant Contributions Transferred Late to Plan | | Total that Constitutes Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|--|-------------------------|--|--------------------------------------|---------------------------------|--|
| Check here if Late Participant Loan Repayments are included: X | | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Corrected in VFCP | |
| Period | Amount Transferred Late | | | | |
| 2024 | \$ 10,827 | \$ 10,827 | \$ - | \$ - | \$ - |
| 2023 | \$ 13,362 | \$ 13,362 | \$ - | \$ - | \$ - |

HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
SAVINGS AND INCENTIVE PARTNERSHIP PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 56-1219017, PLAN NUMBER: 002

DECEMBER 31, 2024

| (a) | (b) | (c) | (e) |
|--|--|---------|-------------------|
| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value | Current | Value |
| Mutual Funds: | | | |
| American Beacon | American Beacon Small Cap Value Institutional | \$ | 110,546 |
| Fidelity | Fidelity Overseas | | 1,975,998 |
| American Funds | Amer Cent Us Govt Mmkt Inv | | 569,402 |
| Columbia | Columbia Balanced R5 | | 3,157,159 |
| Harbor Funds | Harbor Capital Appreciation Institutional | | 1,528,117 |
| Janus | Janus Enterprise I | | 291,045 |
| JPMorgan | JPMorgan SmartRetirement Income R6 | | 63,849 |
| JPMorgan | JPMorgan SmartRetirement Blend 2020 Fund R6 | | 274,992 |
| JPMorgan | JPMorgan SmartRetirement Blend 2025 Fund R6 | | 951,275 |
| JPMorgan | JPMorgan SmartRetirement Blend 2030 Fund R6 | | 2,512,283 |
| JPMorgan | JPMorgan SmartRetirement Blend 2035 Fund R6 | | 2,248,610 |
| JPMorgan | JPMorgan SmartRetirement Blend 2040 Fund R6 | | 1,932,215 |
| JPMorgan | JPMorgan SmartRetirement Blend 2045 Fund R6 | | 3,049,211 |
| JPMorgan | JPMorgan SmartRetirement Blend 2050 Fund R6 | | 1,963,172 |
| JPMorgan | JPMorgan SmartRetirement Blend 2055 Fund R6 | | 1,997,966 |
| MFS | MFS Mid Cap Value R6 | | 422,001 |
| MFS | MFS Value R6 | | 231,235 |
| PIMCO | PIMCO Total Return Institutional | | 569,338 |
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| T. Rowe Price | T. Rowe Price QM U.S. Small-Cap Growth Equity | | 824,064 |
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| Total Mutual Funds | | | 39,017,101 |

HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
SAVINGS AND INCENTIVE PARTNERSHIP PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 56-1219017, PLAN NUMBER: 002

DECEMBER 31, 2024

| (a) | (b) | (c) | (e) |
|--|--|---|------------------|
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| * | VALIC Trust Company | Core Bond Fund | 42,034 |
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| | JP Morgan | Emerging Economies | 14,456 |
| | Invesco Advisors | Global Real Estate Fund | 5,369 |
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| * | VALIC Trust Company | GS Vit Government Money Makert Fund Institution | 19,630 |
| * | VALIC Trust Company | High Yield Bond Fund | 2,317 |
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**HOSPICE & PALLIATIVE CARE CHARLOTTE REGION
SAVINGS AND INCENTIVE PARTNERSHIP PLAN**
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 56-1219017, PLAN NUMBER: 002

DECEMBER 31, 2024

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|-----|--|--|-----------------------------|
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| * | VALIC | Fixed Interest Option | 3,146,457 |
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| | Total Assets (Held at End of Year) | | <u><u>\$ 44,822,120</u></u> |

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