

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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: ST. LUKE HOME HEALTH RETIREMENT SAVINGS PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 05/01/2002
2a Plan sponsor's name (employer, if for a single-employer plan): ST. LUKE FOUNDATION
2b Employer Identification Number (EIN): 64-0902808
2c Plan Sponsor's telephone number: 601-249-1806
2d Business code (see instructions): 621610

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

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

Table with 4 columns: SIGN HERE, Signature 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	177
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)	148
	6a(2)	122
	6b	0
	6c	34
	6d	156
	6e	0
	6f	156
	6g(1)	100
	6g(2)	103
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2F 2G 2J 2K 2L 2M 2T 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

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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

ROBERT BROWNING

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17			3

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	134726
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 125024
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 2622
	(4) Transferred from separate account	7c(4) 24450
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 27072
d	Total of balance and additions (add lines 7b and 7c(6))	7d 152096
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 15808
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 1213
	(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES	7e(4) 349
(5) Total deductions	7e(5) 17370	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 134726

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. ▶

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

<p>A Name of plan ST. LUKE HOME HEALTH RETIREMENT SAVINGS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ST. LUKE FOUNDATION</p>	<p>D Employer Identification Number (EIN) 64-0902808</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	R00226	1	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	31830
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year	7b	23360
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	627	
	7c(4)	7938	
	7c(5)		

(6) Total additions	7c(6)	8565
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d Total of balance and additions (add lines 7b and 7c(6))	7d	31925
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)		
	7e(2)	95	
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	95
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	31830
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	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.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ST. LUKE HOME HEALTH RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. LUKE FOUNDATION	D Employer Identification Number (EIN) 64-0902808	

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

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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)

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 36 37 38 50 64	NONE	5528	Yes <input type="checkbox"/> No <input checked="" 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)

MATRIX TRUST COMPANY

75-3182674

(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?
19 21 25 62	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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
MATRIX TRUST COMPANY	19 21 25 62	0
(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.	
ONEAMERICA RETIREMENT SERVICES LLC 46-5378846	ONEAMERICA HAS AN AGREEMENT WITH MATRIX TRUST COMPANY TO PAY \$1,250 ANNUAL TRUST AND CUSTODY FEE PLUS 2 BASIS POINTS ON MARKET VALUE ANNUALIZED MONTHLY.	
(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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ST. LUKE HOME HEALTH RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. LUKE FOUNDATION	D Employer Identification Number (EIN) 64-0902808

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 3	253
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 6061	155
(2) Participant contributions	1b(2) 0	182
(3) Other	1b(3) 0	0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 1035	1066
(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) 33746	34382
(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) 3488375	4075991
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14) 148384	166556
(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	3677604	4278585
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
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	3677604	4278585

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)	121708	
(B) Participants.....	2a(1)(B)	311910	
(C) Others (including rollovers).....	2a(1)(C)	20000	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		453618
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)	1830	
(F) Other.....	2b(1)(F)	2825	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4655
(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)	48671	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		48671
(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)		434663
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		941607

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	317297	
(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)		317297
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		12237
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	8846	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2246	
(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)		11092
j Total expenses. Add all expense amounts in column (b) and enter total	2j		340626

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		600981
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: **CARR,RIGGS & INGRAM, LLC**

(2) EIN: **72-1396621**

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"/>	47336
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"/>	1000000
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>ST. LUKE HOME HEALTH RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ST. LUKE FOUNDATION</u>	D Employer Identification Number (EIN) <u>64-0902808</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): 75-3182674 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 11 / 22 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J501067A.



**ST. LUKE HOME HEALTH
RETIREMENT SAVINGS PLAN**

**FINANCIAL STATEMENTS
(AND SUPPLEMENTAL SCHEDULES)**

December 31, 2024 and 2023



REPORT

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FINANCIAL STATEMENTS

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Note: Other schedules required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because the conditions under which they are required are not present.



CARR, RIGGS & INGRAM, L.L.C.

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
St. Luke Home Health
Retirement Savings Plan
McComb, Mississippi

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

We have performed audits of the accompanying financial statements of St. Luke Home Health Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024 and the 3-month period ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance

with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Delinquent Participant Contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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 the Department of Labor'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 the Department of Labor'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 a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Carr, Riggs & Ingram, L.L.C.

Laurel, Mississippi
October 14, 2025

**St. Luke Home Health Retirement Savings Plan
Statements of Net Assets Available for Benefits**

December 31,	2024	2023
Assets		
Cash	\$ 253	\$ 3
Investments		
Investments at fair value	4,077,057	3,489,411
Investments at contract value	166,556	148,384
Total investments	4,243,866	3,637,798
Receivables		
Employer contributions	155	6,061
Participant contributions	182	-
Notes receivable from participants	51,618	52,116
Total receivables	51,955	58,177
Total assets	4,295,821	3,695,975
Net assets available for benefits	\$ 4,295,821	\$ 3,695,975

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

St. Luke Home Health Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits

	Year ended December 31, 2024	Three-month period ended December 31, 2023
Additions		
Investment income (loss)		
Net appreciation in value of investments	\$ 434,662	\$ 290,505
Interest and dividend income	51,324	35,668
Total investment income (loss)	485,986	326,173
Interest income on notes receivable from participants	2,463	517
Contributions		
Employer	121,708	34,537
Employee	311,910	79,221
Rollover	20,000	-
Total contributions	453,618	113,758
Total additions	942,067	440,448
Deductions		
Benefits paid to participants	318,892	25,388
Deemed distributions of participant loans	12,237	-
Administrative expenses	11,092	1,963
Total deductions	342,221	27,351
Net increase in net assets available for benefits	599,846	413,097
Net Assets Available for Benefits		
Beginning of year	3,695,975	3,282,878
End of year	\$ 4,295,821	\$ 3,695,975

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

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Notes to the Financial Statements
December 31, 2024

NOTE 1: DESCRIPTION OF PLAN

The following description of the St. Luke Home Health Retirement Savings Plan (the "Plan") provides only general information. Refer to Plan documents for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of St. Luke Home Health Services, LLC (the "Company"). The Plan is subject to the provisions of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Board of Trustees determines the appropriateness of the Plan's investment offerings and the Plan Administrator monitors investment performance and reports to the Plan's Board of Trustees.

Effective February 11, 2021, St. Luke Home Health Services, LLC restated the Plan document by adopting a new 403(b) Volume Submitter Plan with OneAmerica Retirement Services, LLC. As of December 31, 2024 and 2023, the plan had assets with both The Variable Annuity Life Insurance Company ("VALIC"), the prior trustee and custodian, and Matrix Trust Company through OneAmerica Retirement Services, LLC (OneAmerica).

Some administrative functions are performed by employees of the Company. No compensation is remitted to the Company for these services.

Both VALIC and OneAmerica manage Plan assets, invest contributions and plan earnings, make investment transactions as directed by the Plan participants and provide certain recordkeeping services. Both VALIC and OneAmerica act as the third-party administrators for the Plan, which perform certain plan administration and annual ERISA compliance testing.

Eligibility

All employees who normally work 20 or more hours per week are eligible to make salary deferral contribution elections as of their employment commencement date. Employees are eligible for employer contributions upon attainment of age 21 and completion of one year of service. A year of service is defined as being credited with at least 1,000 hours of service during a plan year.

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Notes to the Financial Statements
December 31, 2024

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Contributions

Each year, participants may contribute to the plan the lesser of 100 percent of includible compensation or \$23,000 for 2024 and \$22,500 for 2023. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (i.e. rollover contributions). Participants direct the investment of their contributions into various investment options offered by the Plan. Employer matching contributions are made at a rate equal to 50 percent of the elective deferrals of each employee who is eligible for employer contributions. An employee's elective deferral in excess of 6 percent of compensation is not considered for purposes of the employer matching contribution. The employer has the discretion to vary the rate of employer matching contributions from plan year to plan year. Employer contributions for a plan year will not be allocated to an employee's account unless the employee has completed a year of service during such plan year. Corrective distributions are netted against contributions. Contributions are subject to certain Internal Revenue Services (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's matching contribution, and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of service. A participant is 100 percent vested after three years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance from either TPA. The loans are secured by the balance in the participant's account. For loans with VALIC, at the end of each quarter, the interest rate for the following quarter is based on Moody's Average Corporate Yield for the first month of the current quarter, rounded down to the next lower 0.5%. For loans with OneAmerica, interest is based on the Wall Street Journal Prime rate plus 1%. Principal and interest is paid either weekly, bi-weekly, or monthly as specified in each participant's loan agreement.

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Notes to the Financial Statements
December 31, 2024

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Benefit Payments

Distributions from a participant's account may not be made earlier than the earliest of severance from employment, death, disability, or attaining age 59½. Upon the occurrence of any of the distributable events, benefits should not be payable in any form other than a Qualified Joint and Survivor Annuity unless a Qualified Election to waive the Qualified Joint and Survivor Annuity has been made.

Forfeitures

At December 31, 2024 and 2023, the forfeited non-vested account totaled \$32,896 and \$24,305, respectively. This account is used to reduce future employer contributions. In 2024 and the three-months ended December 31, 2023, there were no reductions in employer contributions from forfeited non-vested accounts.

Hardship Withdrawals

As permitted by the Internal Revenue Code (IRC) and in accordance with the plan agreement, a participant may request a financial hardship withdrawal if they experience an immediate and heavy financial need and the amount requested is necessary to satisfy the financial need. The financial hardship withdrawal may not exceed the amount of the financial hardship or the value of the vested portion of the participant's balance, whichever is less.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

Change in Plan Year

Effective January 1, 2024, the Plan Sponsor approved an amendment to the Plan to change the plan year end from September 30 to December 31. The Plan elected to have the short plan year of October 1, 2023 through December 31, 2023 audited with the calendar year 2024 audit.

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Notes to the Financial Statements
December 31, 2024

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of U.S. GAAP financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments generally are reported at fair value, but may also be reported at contract value or net asset value (NAV). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 and Note 5 for further discussion of fair value measurements, contract value, and NAV. The Plan Administrator determines the Plan's valuation policies utilizing information provided by VALIC and Matrix through OneAmerica.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

When a loan goes into default but cannot be distributed because no distributable event has occurred, the loan collateral must remain in the participant account as part of the Plan assets. The total amount of loans in default being reported in Plan assets as of December 31, 2024 and 2023 was \$17,236 and \$18,370, respectively.

Excess Contribution Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

Payment of Benefits

Distributions to participants are recorded when paid.

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Notes to the Financial Statements
December 31, 2024

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in value of investment securities will occur in the near term and that these changes could materially affect amounts reported in the Plan's financial statements.

Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, October 14, 2025 and determined there were no events that occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

NOTE 3: INFORMATION CERTIFIED BY QUALIFIED INSTITUTION

The Plan Administrator has elected the method of compliance, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The following financial information included in the Plan's financial statements was obtained by management and has been derived from information certified to be complete and accurate by VALIC and Matrix through OneAmerica, the qualified institutions:

- a) Total investments, at fair value and contract value, included in the statements of net assets available for benefits at December 31, 2024 and 2023.
- b) Notes receivable from participants, included in the statements of net assets available for benefits at December 31, 2024 and 2023.
- c) Interest income on notes receivable from participants, included in the statement of changes in net assets available for benefits for the year ended December 31, 2024 and the 3-month period ended December 31, 2023.
- d) Investment income information included in the statement of changes in net assets available for benefits for the year ended December 31, 2024 and the 3-month period ended December 31, 2023.

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Notes to the Financial Statements
December 31, 2024

NOTE 3: INFORMATION CERTIFIED BY QUALIFIED INSTITUTION (CONTINUED)

- e) All amounts included in Note 4, Fair Value Measurements.
- f) All amounts included in Note 5, Investments Reported at Contract Value.
- g) All information included in the supplemental schedule of assets (held at end of year) as of December 31, 2024 and 2023.

NOTE 4: FAIR VALUE MEASUREMENTS

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. There are three levels of inputs that may be used to measure fair values:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs, other than quoted prices, that are:
 - observable; or
 - can be corroborated by observable market data.

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

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

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

Following is a description of the valuation methodologies used for Plan investments. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Interest-bearing cash: Value is stated at cost, which approximates fair value.

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Notes to the Financial Statements
December 31, 2024

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate accounts: The Plan's pooled separate accounts at VALIC are valued based on net asset value (NAV) per share at the close of each business day as reported by each fund, which is then adjusted for dividends and separate account fees. Accordingly, these NAV based investments are reported using the NAV practical expedient and have been excluded from the fair value hierarchy levels since they are not traded on an active market.

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

The following tables set forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
December 31, 2024				
Interest-Bearing Cash	\$ 1,066	\$ -	\$ -	\$ 1,066
Mutual Funds	2,045,954	-	-	2,045,954
Total investments	\$ 2,047,020	\$ -	\$ -	2,047,020
Pooled separate accounts ^(A)				2,030,037
Investments at fair value				\$ 4,077,057

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Notes to the Financial Statements
December 31, 2024

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
December 31, 2023				
Interest-Bearing Cash	\$ 1,035	\$ -	\$ -	\$ 1,035
Mutual Funds	1,621,994	-	-	1,621,994
Total investments	\$ 1,623,029	\$ -	\$ -	1,623,029
Pooled separate accounts ^(A)				1,866,382
Investments at fair value				<u>\$ 3,489,411</u>

(A) Investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statement of Net Assets Available for Benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes information related to the pooled separate accounts at VALIC measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively. The pooled separate accounts are maintained by VALIC and hold investments in accordance with a stated set of objectives.

Year-End	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
December 31, 2024	\$ 2,030,037	\$ -	Immediate	None
December 31, 2023	1,866,382	\$ -	Immediate	None

NOTE 5: INVESTMENTS REPORTED AT CONTRACT VALUE

The Plan has entered into traditional fully benefit-responsive guaranteed investment contracts for the year ended December 31, 2024 and 3-month period ended December 31, 2023 with VALIC totaling \$134,726 and \$125,024, respectively, and OneAmerica totaling \$31,830 and \$23,360, respectively.

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Notes to the Financial Statements
December 31, 2024

NOTE 5: INVESTMENTS REPORTED AT CONTRACT VALUE (CONTINUED)

These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less any withdrawals.

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 might limit the ability of the Plan to transact at contract value with the issuer. 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 that cause a significant withdrawal from the Plan, (4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, (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 issuers 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, or (4) a material amendment to the agreement without the consent of the issuer.

VALIC

VALIC maintains the contributions in two general accounts, the Fixed Account Plus and Short-term Fixed Account. These accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Notes to the Financial Statements
December 31, 2024

NOTE 5: INVESTMENTS REPORTED AT CONTRACT VALUE (CONTINUED)

For crediting interest to the Fixed Account Plus account, VALIC declares a "current" interest rate at the beginning of each month applicable to contributions received during that month. The current rate declared is guaranteed until the end of that calendar year for contributions received that month. It is VALIC's intent to continue to credit interest at the same rate for such contributions for an additional calendar year. At the beginning of the third calendar year, such contributions earn interest at a new declared pool rate. This rate is established January 1 of each calendar year and is guaranteed for that entire calendar year. The contractually guaranteed minimum interest rate is applicable for the lifetime of the contract. Transfers of up to 20 percent per year from the Fixed Account Plus option are permitted.

Short-term Fixed Account crediting rates are established on a portfolio basis, whereby all deposits in the option receive the same crediting rate, regardless of initial date of deposit. Once a transfer has been made into the Short-term Fixed Account, no transfers from this account will be permitted for 90 days.

OneAmerica

The AUL Stable Value Account is an interest-earning investment option, backed by AUL's general account assets. An interest rate is declared prior to the beginning of a calendar year and is guaranteed for that year until the new rate is set for the next year.

In setting an interest rate for the Stable Value Account, AUL takes into account the expected earnings on investments over the time period the rate will be effective and the expected operational expenses over that time period, including but not limited to, the cost of providing administrative and recordkeeping services to its Retirement Services clients, expenses related to the acquisition of new business, the cost of capital, general overhead costs and profit. Over the last three years, the cost of providing administrative and recordkeeping services to Retirement Services clients has averaged 0.55%.

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Notes to the Financial Statements
December 31, 2024

NOTE 6: TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code. The terms of the plan have been prepared to conform to the listing of 403(b) plans that have been pre-approved by the Internal Revenue Service ("IRS"). For the Volume Submitter 403(b) Plan with VALIC Retirement Services Company, the IRS determined and informed VALIC by a letter dated April 5, 2018, that the Plan and related trust were designed in accordance with the applicable sections of the IRC. For the Volume Submitter 403(b) Plan with OneAmerica Financial Partners, Inc., the IRS determined and informed One America by a letter dated November 22, 2017, that the Plan and related trust were designed in accordance with the applicable sections of the IRC. The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trusts are tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination. Tax positions are recognized only if it is "more likely than not" that the tax position be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax position is recorded. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7: RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by VALIC and OneAmerica as the trustee and custodian for the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Fees paid to VALIC for managing investments and paid to OneAmerica for recordkeeping services, qualify as party-in-interest transactions. The amounts paid to VALIC and OneAmerica for these services was \$11,093 and \$1,962 for the year ended December 31, 2024 and the 3-month period ended December 31, 2023, respectively.

NOTE 8: PLAN TERMINATION

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

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Notes to the Financial Statements
December 31, 2024

NOTE 9: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 and September 30, 2023 to Schedule H, Part I of the Form 5500, as well as a reconciliation of the net increase in net assets available for benefits for the year ended December 31, 2024 to Schedule H, Part II, of the Form 5500.

	2024	Three-month period 12/31 2023	Year ended 9/30 2023
Net assets available for benefits per the financial statements	\$ 4,295,821	\$ 3,695,975	\$ 3,282,878
Participant loans that are "deemed distributed" per the Form 5500, but are still reported in the financial statements in accordance with generally accepted accounting principles	(17,236)	(18,370)	(18,188)
Net assets available for benefits per the Form 5500	\$ 4,278,585	\$ 3,677,605	\$ 3,264,690
Net increase in net assets available for benefits per the financial statements	\$ 599,846	\$ 413,097	
Current year participant loans in default that were reported as "deemed distributions" and expensed in the Form 5500, but remain in plan assets for the financial statements in accordance with generally accepted accounting principles	(2,709)	-	
Prior year participant loans in default that were reported in the current year financial statements as distributions due to a distributable event, but were reported as "deemed distributions" on the Form 5500 in prior years.	4,304	-	
Interest earned on prior year participant loans in default that are still included in plan assets for the financial statements, but are not reported on the Form 5500.	(461)	(182)	
Net increase in net assets available for benefits per the Form 5500	\$ 600,980	\$ 412,915	

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Notes to the Financial Statements
December 31, 2024

NOTE 10: NON-EXEMPT TRANSACTION

In four instances during 2024, the Company experienced unintentional delays in the remittance of withheld participant contributions to the Plan which was not considered timely in accordance with the plan asset provisions of the Department of Labor (DOL) Regulation 2510.3-102, resulting in a prohibited (or a non-exempt) transaction. The aggregate amount of participant contributions in these four late remittances was \$47,336. The accompanying Schedule of Delinquent Participant Contributions discloses this non-exempt transaction in accordance with DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The Company is correcting this non-exempt transaction during the year ending December 31, 2024 pursuant to the DOL's Voluntary Fiduciary Correction Program by funding the impacted Plan participants' accounts for earnings that would have been credited to the participants' accounts if the late remittance had been made on a timely basis and also crediting participants' accounts for the amount of excise taxes the Company would have otherwise paid to the IRS for the a late remittance.

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2023

Issuer (a)	Identity of Issue or borrower (b)	Description of Investment (c)	Cost (d) **	Current Value (e)
*	VALIC General Account	Fixed Account Plus	\$ -	\$ 91,173
*	VALIC General Account	Short-term Fixed Account	-	33,851
*	VALIC General Account	Forfeitures - Interest-bearing Cash Account	-	1,038
*	VALIC Separate Account	Aggressive Growth Lifestyle Fund	-	114,877
*	VALIC Separate Account	American Beacon Bridgeway Large Cap Growth Fund	-	4,204
*	VALIC Separate Account	Ariel Appreciation Fund	-	10,717
*	VALIC Separate Account	Ariel Fund	-	6,636
*	VALIC Separate Account	Asset Allocation Fund	-	371
*	VALIC Separate Account	Capital Appreciation Fund	-	1,029
*	VALIC Separate Account	Conservative Growth Lifestyle Fund	-	942
*	VALIC Separate Account	Core Bond Fund	-	29,297
*	VALIC Separate Account	Dividend Value Fund	-	425
*	VALIC Separate Account	Emerging Economies Fund	-	44,917
*	VALIC Separate Account	Global Real Estate Fund	-	16,192
*	VALIC Separate Account	Global Strategy Fund	-	624
*	VALIC Separate Account	Growth Fund	-	7,892
*	VALIC Separate Account	High Yield Bond Fund	-	2,206
*	VALIC Separate Account	Inflation Protected Fund	-	3,279
*	VALIC Separate Account	International Value Fund	-	76,535
*	VALIC Separate Account	International Equities Index Fund	-	81,812
*	VALIC Separate Account	International Opportunities Fund	-	50,255
*	VALIC Separate Account	International Socially Responsible Fund	-	11,026
*	VALIC Separate Account	Invesco Balanced-Risk Commodity Strategy Fund	-	10,702
*	VALIC Separate Account	Large Capital Growth Fund	-	25,113
*	VALIC Separate Account	Mid Cap Index Fund	-	173,809
*	VALIC Separate Account	Mid Cap Strategic Growth Fund	-	17,449
*	VALIC Separate Account	Mid Cap Value Fund	-	34,786
*	VALIC Separate Account	Moderate Growth Lifestyle Fund	-	106,124
*	VALIC Separate Account	Nasdaq-100 Index Fund	-	19,583
*	VALIC Separate Account	Science & Technology Fund	-	31,289
*	VALIC Separate Account	Small Cap Growth Fund	-	2,263
*	VALIC Separate Account	Small Cap Index Fund	-	13,940
*	VALIC Separate Account	Small Cap Value Fund	-	99,955
*	VALIC Separate Account	Stock Index Fund	-	274,919
*	VALIC Separate Account	Systematic Core Fund	-	20,633
*	VALIC Separate Account	Systematic Growth Fund	-	27,987
*	VALIC Separate Account	Systematic Value Fund	-	2,509
*	VALIC Separate Account	U.S. Socially Responsible Fund	-	186,836
*	VALIC Separate Account	Vanguard LifeStrategy Conservative Growth Fund	-	492
*	VALIC Separate Account	Vanguard LifeStrategy Moderate Growth Fund	-	3,317
*	VALIC Separate Account	Vanguard Long-Term Treasury Fund	-	2,248
*	VALIC Separate Account	Vanguard Long-Term Investment-Grade Fund	-	8,928
*	VALIC Separate Account	Vanguard Wellington Fund	-	228,322
*	VALIC Separate Account	Vanguard Windsor II Fund	-	77,944
	Goldman Sachs	Goldman Sachs VIT Government MMkt Instl	-	33,997

Continued

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2023

Issuer (a)	Identity of Issue or borrower (b)	Description of Investment (c)	Cost (d) **	Current Value (e)
*	One America General Account	AUL Stable Value Fund	\$ -	\$ 23,360
*	One America	Element Aggressive	-	103,822
	American Century	American Century Focused Dynamic Growth Fund	-	50,514
	American Century	American Century Mid Cap Value	-	16,347
	American Century	American Century Small Cap Value Fund	-	23,755
	Fidelity	Fidelity 500 Index Fund	-	11,294
	Fidelity	Fidelity Adv Small Cap G	-	6,903
	Fidelity	Fidelity Mid Cap Index Fund	-	16,028
	Fidelity	Fidelity Small Cap Index	-	6,791
	JP Morgan	JPM Smart Retirement 2020 Fund	-	5,582
	JP Morgan	JPM Smart Retirement 2025 Fund	-	73,923
	JP Morgan	JPM Smart Retirement 2030 Fund	-	502,188
	JP Morgan	JPM Smart Retirement 2035 Fund	-	275,401
	JP Morgan	JPM Smart Retirement 2040 Fund	-	149,771
	JP Morgan	JPM Smart Retirement 2045 Fund	-	149,586
	JP Morgan	JPM Smart Retirement 2050 Fund	-	91,560
	JP Morgan	JPM Smart Retirement 2055 Fund	-	52,679
	JP Morgan	JPM Smart Retirement 2060 Fund	-	37,746
	JP Morgan	JPMorgan Mid Cap Growth	-	41,300
	Vanguard Funds	Vanguard Equity Income Fund	-	6,802
*	One America	Cash	-	3
Total Cash and Investments				3,637,798
*	Notes Receivable from Participant Interest rates ranging from 1.0% to 9.25%			52,116
Total				\$ 3,689,914

* Denotes Party-in-Interest

** Cost not required for participant-directed investments

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

Issuer (a)	Identity of Issue or borrower (b)	Description of Investment (c)	Cost (d) **	Current Value (e)
*	VALIC General Account	Fixed Account Plus	\$ -	\$ 100,013
*	VALIC General Account	Short-term Fixed Account	-	34,713
*	VALIC General Account	Forfeitures - Interest-bearing Cash Account	-	1,068
*	VALIC Separate Account	Aggressive Growth Lifestyle Fund	-	110,689
*	VALIC Separate Account	American Beacon Bridgeway Large Cap Growth Fund	-	5,144
*	VALIC Separate Account	Ariel Appreciation Fund	-	11,279
*	VALIC Separate Account	Ariel Fund	-	7,345
*	VALIC Separate Account	Asset Allocation Fund	-	422
*	VALIC Separate Account	Capital Appreciation Fund	-	17,364
*	VALIC Separate Account	Conservative Growth Lifestyle Fund	-	1,003
*	VALIC Separate Account	Core Bond Fund	-	28,281
*	VALIC Separate Account	Dividend Value Fund	-	403
*	VALIC Separate Account	Emerging Economies Fund	-	44,236
*	VALIC Separate Account	Global Real Estate Fund	-	17,758
*	VALIC Separate Account	Global Strategy Fund	-	693
*	VALIC Separate Account	Growth Fund	-	10,371
*	VALIC Separate Account	High Yield Bond Fund	-	6,947
*	VALIC Separate Account	Inflation Protected Fund	-	10,298
*	VALIC Separate Account	International Value Fund	-	75,789
*	VALIC Separate Account	International Equities Index Fund	-	85,054
*	VALIC Separate Account	International Opportunities Fund	-	35,885
*	VALIC Separate Account	International Socially Responsible Fund	-	14,612
*	VALIC Separate Account	Invesco Balanced-Risk Commodity Strategy Fund	-	11,726
*	VALIC Separate Account	Large Capital Growth Fund	-	18,266
*	VALIC Separate Account	Mid Cap Index Fund	-	177,014
*	VALIC Separate Account	Mid Cap Strategic Growth Fund	-	34,170
*	VALIC Separate Account	Mid Cap Value Fund	-	32,089
*	VALIC Separate Account	Moderate Growth Lifestyle Fund	-	99,046
*	VALIC Separate Account	Nasdaq-100 Index Fund	-	24,287
*	VALIC Separate Account	Science & Technology Fund	-	41,076
*	VALIC Separate Account	Small Cap Growth Fund	-	2,484
*	VALIC Separate Account	Small Cap Index Fund	-	32,448
*	VALIC Separate Account	Small Cap Value Fund	-	90,669
*	VALIC Separate Account	Stock Index Fund	-	334,099
*	VALIC Separate Account	Systematic Core Fund	-	25,147
*	VALIC Separate Account	Systematic Growth Fund	-	37,232
*	VALIC Separate Account	Systematic Value Fund	-	2,900
*	VALIC Separate Account	U.S. Socially Responsible Fund	-	197,196
*	VALIC Separate Account	Vanguard LifeStrategy Conservative Growth Fund	-	523
*	VALIC Separate Account	Vanguard LifeStrategy Moderate Growth Fund	-	3,613
*	VALIC Separate Account	Vanguard Long-Term Treasury Fund	-	2,083
*	VALIC Separate Account	Vanguard Long-Term Investment-Grade Fund	-	8,591
*	VALIC Separate Account	Vanguard Wellington Fund	-	243,389
*	VALIC Separate Account	Vanguard Windsor II Fund	-	93,073
	Goldman Sachs	Goldman Sachs VIT Government MMkt Instl	-	35,343

Continued

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

Issuer (a)	Identity of Issue or borrower (b)	Description of Investment (c)	Cost (d) **	Current Value (e)
*	One America General Account	AUL Stable Value Fund	\$ -	\$ 31,830
*	One America	Element Aggressive	-	126,602
	American Century	American Century Focused Dynamic Growth Fund	-	170,506
	American Century	American Century Mid Cap Value	-	21,864
	Fidelity	Fidelity 500 Index Fund	-	17,340
	Fidelity	Fidelity Adv Small Cap G	-	9,974
	Fidelity	Fidelity Mid Cap Index Fund	-	23,785
	Fidelity	Fidelity Small Cap Index	-	9,232
	JP Morgan	JPM Smart Retirement 2020 Fund	-	8,404
	JP Morgan	JPM Smart Retirement 2025 Fund	-	101,917
	JP Morgan	JPM Smart Retirement 2030 Fund	-	552,731
	JP Morgan	JPM Smart Retirement 2035 Fund	-	191,759
	JP Morgan	JPM Smart Retirement 2040 Fund	-	242,465
	JP Morgan	JPM Smart Retirement 2045 Fund	-	261,686
	JP Morgan	JPM Smart Retirement 2050 Fund	-	134,511
	JP Morgan	JPM Smart Retirement 2055 Fund	-	63,595
	JP Morgan	JPM Smart Retirement 2060 Fund	-	74,417
	JP Morgan	JPMorgan Mid Cap Growth	-	24,655
	Vanguard Funds	Vanguard Equity Income Fund	-	10,509
*	One America	Cash	-	253
Total Cash and Investments				4,243,866
*	Notes Receivable from Participants	Interest rates ranging from 1.0% to 9.25%		51,618
Total				\$ 4,295,484

* Denotes Party-in-Interest

** Cost not required for participant-directed investments

St. Luke Home Health Retirement Savings Plan

EIN# 64-0902808, Plan # 001

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

December 31, 2024

Participant Contributions Transferred Late to Plan		Total that Constitute Prohibited Nonexempt Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transactions Exemption (PTE) 2002-51*
Plan Year	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside of VFCP*	Contributions Pending Correction in VFCP	
2023		\$ -	\$ -	\$ -	\$ -
2024		\$ -	\$ 47,336	\$ -	\$ -

*Contributions have been remitted to the Plan. Lost earnings in the amount of approximately \$221 have also been remitted or are in the process of being remitted.

Attachment to 2024 Form 5500
Schedule H, line 4a – Schedule of Delinquent Participant Contributions

Plan Name St. Luke Home Health Retirement Savings Plan **EIN:** 64-0902808

Plan Sponsor's Name St. Luke Foundation **PN:** 001

	Total that Constitute Nonexempt Prohibited Transactions	
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Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are Included: <input type="checkbox"/>		47,336		

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
* AMERICAN UNITED LIFE INSURANCE CO	AUL GTD BENEFIT UNALLOCATED GRP RETIR ANNUITY E	**	31,830
* VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS	**	100,013
* VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT	**	34,713
AMERICAN CENTURY FUNDS	AMERICAN CENTURY FOCUSED DYNAMIC GR R6	**	170,506
AMERICAN CENTURY FUNDS	AMERICAN CENTURY MID CAP VALUE R6	**	21,867
ELEMENT FUNDS	ELEMENT AGGRESSIVE	**	126,602
FIDELITY FUNDS	FIDELITY 500 INDEX INSTITUTIONAL PREM	**	17,339
FIDELITY FUNDS	FIDELITY MID CAP INDEX INSTL PREM	**	23,784
FIDELITY FUNDS	FIDELITY SMALL CAP GROWTH FUND Z	**	9,974
FIDELITY FUNDS	FIDELITY SMALL CAP INDEX INSTL PREM	**	9,232
JP MORGAN ASSET MANAGEMENT	JP MORGAN MID CAP GROWTH R6	**	24,655
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2020	**	8,404
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2025	**	101,916
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2030	**	552,732
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2035	**	191,759
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2040	**	242,466
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2045	**	261,686
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2050	**	134,512
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2055	**	63,594
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2060	**	74,417
VANGUARD FUNDS	VANGUARD EQUITY INCOME ADM	**	10,509
* VALIC SEPARATE ACCOUNT A	GS VIT GOVT MONEY MKT FD INST	**	35,343
* VALIC SEPARATE ACCOUNT A	AGGRESSIVE GROWTH LIFESTYLE	**	110,689
* VALIC SEPARATE ACCOUNT A	AMER BEACON MAN LRG CP GR INV CL	**	5,144
* VALIC SEPARATE ACCOUNT A	ARIEL APPRECIATION FUND	**	11,279
* VALIC SEPARATE ACCOUNT A	ARIEL FUND	**	7,345
* VALIC SEPARATE ACCOUNT A	ASSET ALLOCATION FUND	**	422
* VALIC SEPARATE ACCOUNT A	CORE BOND FUND	**	28,281
* VALIC SEPARATE ACCOUNT A	DIVIDEND VALUE	**	403
* VALIC SEPARATE ACCOUNT A	EMERGING ECONOMIES	**	44,236
* VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND	**	17,758
* VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY	**	693
* VALIC SEPARATE ACCOUNT A	GROWTH FUND	**	10,371
* VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND	**	6,947
* VALIC SEPARATE ACCOUNT A	INFLATION PROTECTED FUND	**	10,298
* VALIC SEPARATE ACCOUNT A	INTERNATIONAL VALUE FUND	**	75,789
* VALIC SEPARATE ACCOUNT A	INTERNATL EQUITIES INDEX FUND	**	85,054
* VALIC SEPARATE ACCOUNT A	INTL OPPORTUNITIES	**	35,885
* VALIC SEPARATE ACCOUNT A	INTL SOCIALLY RESPONSIBLE FUND	**	14,612
* VALIC SEPARATE ACCOUNT A	INVESCO BAL RISK COMMODO STR R5	**	11,726
* VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH	**	18,266
* VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND	**	177,014
* VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH	**	34,170
* VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND	**	32,089
* VALIC SEPARATE ACCOUNT A	MODERATE GROWTH LIFESTYLE	**	99,046
* VALIC SEPARATE ACCOUNT A	NASDAQ-100(R) INDEX FUND	**	24,287
* VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND	**	41,076
* VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND	**	2,484
* VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND	**	32,448
* VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND	**	90,669
* VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND	**	334,099
* VALIC SEPARATE ACCOUNT A	SYSTEMATIC CORE FUND	**	25,147
* VALIC SEPARATE ACCOUNT A	SYSTEMATIC GROWTH FUND	**	37,232
* VALIC SEPARATE ACCOUNT A	SYSTEMATIC VALUE	**	2,900
* VALIC SEPARATE ACCOUNT A	US SOCIALLY RESPONSIBLE FUND	**	197,196
* VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY CONSER	**	523
* VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY MODERA	**	3,613
* VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY	**	2,083
* VALIC SEPARATE ACCOUNT A	VANGUARD LT INV-GRADE FUND	**	8,591
* VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND INC	**	243,389
* VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II	**	93,073
* VALIC SEPARATE ACCOUNT A	VC I CAPITAL APPRECIATION	**	17,364
* VALIC SEPARATE ACCOUNT A	VC I CONSERV GROWTH LIFESTYLE	**	1,003
* PARTICIPANT LOANS	INTEREST RATE RANGE: 2.50% - 9.50%	**	34,382

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed accounts