

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [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... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. (ALSAC) EMPLOYEE
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1977
2a Plan sponsor's name, mailing address, city or town... 501 ST. JUDE PLACE MEMPHIS, TN 38105-1905
2b Employer Identification Number (EIN): 35-1044585
2c Plan Sponsor's telephone number: 901-578-2308
2d Business code (see instructions): 813000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2272
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)	1675
	6a(2)	1795
	6b	2
	6c	550
	6d	2347
	6e	1
	6f	2348
	6g(1)	2208
6g(2)	2263	
6h	36	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2R 2S 2T 3D 3F

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached <u>0</u>	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. (ALSAC) EMPLOYEE		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. (ALSAC)		D Employer Identification Number (EIN) 35-1044585

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

1 Coverage Information:

(a) Name of insurance carrier

TIAA CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	70238	405476	930	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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(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	

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	6536003																		
5	Current value of plan's interest under this contract in separate accounts at year end.....	0																		
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 7098613																		
c	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">(1) Contributions deposited during the year</td> <td style="width:10%; text-align: right;">7c(1)</td> <td style="width:10%;"></td> </tr> <tr> <td>(2) Dividends and credits.....</td> <td style="text-align: right;">7c(2)</td> <td></td> </tr> <tr> <td>(3) Interest credited during the year.....</td> <td style="text-align: right;">7c(3)</td> <td></td> </tr> <tr> <td>(4) Transferred from separate account</td> <td style="text-align: right;">7c(4)</td> <td></td> </tr> <tr> <td>(5) Other (specify below)..... ▶ TRANSFER, OTHER INCOME, MVA</td> <td style="text-align: right;">7c(5)</td> <td style="text-align: right;">442397</td> </tr> <tr> <td colspan="2" style="text-align: right;">(6) Total additions</td> <td style="text-align: right;">7c(6) 442397</td> </tr> </table>	(1) Contributions deposited during the year	7c(1)		(2) Dividends and credits.....	7c(2)		(3) Interest credited during the year.....	7c(3)		(4) Transferred from separate account	7c(4)		(5) Other (specify below)..... ▶ TRANSFER, OTHER INCOME, MVA	7c(5)	442397	(6) Total additions		7c(6) 442397	
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(2) Dividends and credits.....	7c(2)																			
(3) Interest credited during the year.....	7c(3)																			
(4) Transferred from separate account	7c(4)																			
(5) Other (specify below)..... ▶ TRANSFER, OTHER INCOME, MVA	7c(5)	442397																		
(6) Total additions		7c(6) 442397																		
d	Total of balance and additions (add lines 7b and 7c(6))	7d 7541010																		
e	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">(1) Disbursed from fund to pay benefits or purchase annuities during year</td> <td style="width:10%; text-align: right;">7e(1)</td> <td style="width:10%; text-align: right;">740237</td> </tr> <tr> <td>(2) Administration charge made by carrier.....</td> <td style="text-align: right;">7e(2)</td> <td style="text-align: right;">257</td> </tr> <tr> <td>(3) Transferred to separate account</td> <td style="text-align: right;">7e(3)</td> <td style="text-align: right;">25286</td> </tr> <tr> <td>(4) Other (specify below)..... ▶ TRANSFER</td> <td style="text-align: right;">7e(4)</td> <td style="text-align: right;">239227</td> </tr> <tr> <td colspan="2" style="text-align: right;">(5) Total deductions</td> <td style="text-align: right;">7e(5) 1005007</td> </tr> </table>	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	740237	(2) Administration charge made by carrier.....	7e(2)	257	(3) Transferred to separate account	7e(3)	25286	(4) Other (specify below)..... ▶ TRANSFER	7e(4)	239227	(5) Total deductions		7e(5) 1005007				
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	740237																		
(2) Administration charge made by carrier.....	7e(2)	257																		
(3) Transferred to separate account	7e(3)	25286																		
(4) Other (specify below)..... ▶ TRANSFER	7e(4)	239227																		
(5) Total deductions		7e(5) 1005007																		
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 6536003																		

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. (ALSAC) EMPLOYEE	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. (ALSAC)	D Employer Identification Number (EIN) 35-1044585	

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

TIAA-CREF

13-1624203

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	227074	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. (ALSAC) EMPLOYEE</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. (ALSAC)</u>	D Employer Identification Number (EIN) <u>35-1044585</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL STABLE VALUE Z FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>93-6274328-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12984031</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COHEN & STEERS US REALTY A FND</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>47-1211722-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3507835</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS INTL EQUITY CLASS 3A FUND</u>		
b Name of sponsor of entity listed in (a): <u>MFS HERITAGE TRUST COMPANY</u>		
c EIN-PN <u>57-1187281-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1194433</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>TIAA</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1032717</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. (ALSAC) EMPLOYEE	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. (ALSAC)	D Employer Identification Number (EIN) 35-1044585

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1314	
(2) Participant contributions	1b(2)	15	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	6423	7539
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3138218	3638905
(9) Value of interest in common/collective trusts	1c(9)	18282912	17686299
(10) Value of interest in pooled separate accounts	1c(10)	1160546	1032717
(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)	221426072	266549282
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7098613	6536003
(15) Other.....	1c(15)	3919086	6318941

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	255033199	301769686
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	255033199	301769686

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)	12895497	
(B) Participants.....	2a(1)(B)	13126037	
(C) Others (including rollovers).....	2a(1)(C)	3624875	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		29646409
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)	286040	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		286040
(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)	5081159	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5081159
(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)	2512	
(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)	648141
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	-47268
(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)	27923496
c Other income	2c	1028698
d Total income. Add all income amounts in column (b) and enter total	2d	64569187

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17128572
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	658244
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	17786816
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	228184
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	228184
j Total expenses. Add all expense amounts in column (b) and enter total	2j	18015000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	46554187
l Transfers of assets:		
(1) To this plan	2l(1)	679548
(2) From this plan	2l(2)	497248

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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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"/>	55
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"/>	2000000
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)
ALSAC-TIAA	13-1624203	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

A Name of plan <u>AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. (ALSAC) EMPLOYEE</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. (ALSAC)</u>	D Employer Identification Number (EIN) <u>35-1044585</u>	

Part I	Distributions
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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): 42-0127290

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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... 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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702477A.

American Lebanese Syrian Associated Charities, Inc. Employee Retirement Plan

Employer Identification Number: 35-1044585

Plan Number: 001

Financial Statements as of December 31, 2024 and 2023,
and for the Year Ended December 31, 2024,
Supplemental Schedules as of and for the
Year Ended December 31, 2024, and
Independent Auditor's Report

AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. EMPLOYEE RETIREMENT PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
American Lebanese Syrian Associated Charities, Inc.
Employee Retirement Plan
Memphis, Tennessee

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

We have performed audits of the financial statements of American Lebanese Syrian Associated Charities, Inc. Employee Retirement 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 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, 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 accompanying financial statements, 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 accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for a reasonable period of time.

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

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the 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 year end) as of December 31, 2024 and supplemental schedule of delinquent participant contributions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Deloitte & Touche LLP

October 13, 2025

**AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.
EMPLOYEE RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS:		
Participant-directed investments—at fair value	\$ 298,130,781	\$ 251,893,652
Contributions receivable	-	1,329
Notes receivable from participants	<u>3,638,905</u>	<u>3,138,218</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 301,769,686</u>	 <u>\$ 255,033,199</u>

See notes to financial statements.

**AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.
EMPLOYEE RETIREMENT PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024**

CONTRIBUTIONS:	
Participant contributions	\$ 13,126,037
Employer contributions	12,895,497
Rollover contributions	<u>3,624,875</u>
Total contributions	<u>29,646,409</u>
INVESTMENT INCOME:	
Net appreciation in fair value of investments	29,555,579
Interest and dividends	<u>5,081,159</u>
Net investment income	<u>34,636,738</u>
INTEREST INCOME FROM NOTE RECEIVABLE FROM PARTICIPANTS	<u>286,040</u>
DEDUCTIONS:	
Benefits paid to participants	(17,786,816)
Administrative expenses	<u>(228,184)</u>
Total deductions	<u>(18,015,000)</u>
INCREASE IN NET ASSETS BEFORE PLAN TRANSFERS	46,554,187
NET TRANSFERS FROM OTHER ALSAC SPONSORED PLAN	<u>182,300</u>
INCREASE IN NET ASSETS	46,736,487
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	<u>255,033,199</u>
End of year	<u>\$ 301,769,686</u>

See notes to financial statements.

AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE YEAR ENDED DECEMBER 31, 2024

1. DESCRIPTION OF PLAN

The following description of American Lebanese Syrian Associated Charities, Inc. Employee Retirement Plan (the “Plan”) is provided for general informational purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s information.

General—The Plan is a defined contribution plan that covers all full-time and part-time employees of American Lebanese Syrian Associated Charities, Inc. (“ALSAC” or the “Organization” or the “Plan Sponsor”). Effective December 1, 2024, all temporary or seasonal employees of ALSAC are also eligible to participate in the plan. The Investment Committee of the board of directors of the Organization has appointed the Management Retirement Oversight Committee to control and manage the operation and administration of the Plan. Teachers Insurance and Annuity Association (“TIAA”) was the sole recordkeeper and TIAA and College Retirement Equities Fund (“CREF”) were the asset custodians through June 30, 2021.

Effective July 6, 2021, Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (“Principal”) was appointed as trustee of the Plan. Plan assets transferred from TIAA and CREF to Principal were transferred into funds comparable to those offered by TIAA and CREF. Plan assets held in TIAA and CREF that did not have a comparable fund in Principal continue to be held in TIAA and CREF pending employee transfer initiation. Plan assets in TIAA and CREF can be moved between TIAA and CREF investment options offered; however, no new contributions can be invested in TIAA and CREF investment options. At December 31, 2024 and 2023, Plan assets held by TIAA and CREF amount to \$24,561,697 and \$23,556,576 respectively, and Plan assets held by Principal amount to \$277,207,989 and \$231,478,681 respectively. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions—Contributions to the Plan include (i) salary reduction contributions authorized by participants, (ii) contributions made by the Organization, and (iii) participant rollovers from other qualified plans.

Participants may elect to contribute a percentage of their compensation as a pretax deferral or as a Roth deferral, to the Plan each year, subject to the limitations, as defined in the Plan document. The Plan includes automatic enrollment provisions, whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate in the Plan. Effective December 1, 2024, all newly eligible employees are automatically enrolled in the Plan, after 30 days of entering or reentering the Plan, unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

The Organization contributes to each participant's account an amount equal to 7% of each participant's salary, up to the social security taxable wage base and 12.7% of each participant's salary above the social security taxable wage base.

Contributions are subject to certain Internal Revenue Code (IRC) limitations.

Contributions Receivable—Contributions due to the Plan from the participants and the employer made subsequent to year end relating to the preceding Plan year are reported as contributions receivable. At December 31, 2024, there were no contributions receivable. At December 31, 2023, there were participant contribution receivables of \$15 and employer contribution receivables of \$1,314.

Eligibility—All full-time and part-time employees of ALSAC are eligible to participate in the plan. Effective December 1, 2024, all temporary or seasonal employees of ALSAC are also eligible to participate in the plan. Employees must complete 12 consecutive months of service and at least 1,000 hours of service each year to be eligible to receive employer contributions.

Participant Accounts—Individual accounts are maintained for each participant of each Plan. Each participant's account is credited with the participant's contributions, related Organization discretionary contributions, and Plan earnings. Participant accounts are also charged with withdrawals and an allocation of Plan losses and administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments—Participants may direct the investment of their contributions and the Organization's contributions and/or account balances into various investment options offered by the Plan and may change investments and transfer amounts between funds daily. The Plan currently offers various mutual funds, a stable value fund, and a self-directed brokerage with Principal as investment options for participants. Investments with TIAA currently includes variable annuities, a pooled separate account, and a guaranteed annuity as investment options.

Vesting—Participants vest immediately in their contributions and the earnings thereon. Vesting in the Organization's contribution portion of their accounts is based on years of continuous service. The vesting schedule is as follows: 30% after two years, 60% after three years, and 100% after four years.

Plan Loans—Through June 30, 2021, participants with plan assets held at TIAA could borrow directly through TIAA, subject to certain limitations. Plan loans were issued from the funds owned by TIAA, and loan proceeds were not removed from a participant's account balance. When Plan loans were initiated, a portion of a participant's TIAA annuity account balance was reserved, or held as collateral, to cover the outstanding loan amount for the period of time the loan is outstanding. For active loans, investments equal to 110% of the outstanding loan amount are reflected in the statements of net assets available for benefits and serve as collateral for the loan. Investments underlying defaulted loan balances are reflected in the statements of net assets available for benefits until a distribution event occurs.

At December 31, 2024 and 2023, participants had outstanding Plan loan balances due to TIAA of \$219,884 and \$316,936, respectively. During the year ended December 31, 2024, no loans went into default. This type of loan is not available through Principal.

Notes Receivable from Participants—As of July 6, 2021, participants may borrow from their accounts a minimum of \$1,000 up to a maximum of the lesser of one-half of the vested account balance or \$50,000. The loans are secured by an assignment of a participant's vested interest in the Plan, and bear

interest at a rate commensurate with local prevailing rates at the time funds are borrowed as determined by the Plan administrator. Principal and interest are paid directly by the participants through payroll deductions or as a lump sum for the outstanding loan balance. Loan terms range from 1 to 5 years; however, terms may exceed 5 years for the purchase of a primary residence. As of December 31, 2024, participant loans have maturities through 2034 at interest rates ranging from 4.25% to 10.50%.

Payment of Benefits—Upon termination of service, the available forms of payment of benefits in the Plan will depend on the investment alternatives that are selected by the participant. Forms of distribution may include single-life annuity, survivor annuity, minimum distribution, TIAA or Principal interest-only payments, fixed-period annuity, cash withdrawal, and repurchase. These forms of payment are described in detail in each funding vehicle’s prospectus. Minimum required distributions for participants who have reached age 73 also apply per Internal Revenue Service (IRS) regulations. Payment of benefits to participants is recorded upon distribution. As of December 31, 2024, and 2023, there were no amounts allocated to accounts of persons who have elected to withdraw from the Plan that had not yet been paid.

Participants are also eligible to make hardship withdrawals from their pretax and Roth deferrals in the event of certain financial hardships.

Forfeitures—When certain terminations of participation in the Plan occurs, the nonvested portion of the participant’s account as defined by the Plan represents a forfeiture. The Plan document permits the use of forfeitures to either reduce future Organization contributions or pay Plan administrative expenses for the Plan year. However, if a participant is reemployed and fulfills certain requirements, as defined in the Plan document, the account will be reinstated.

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$223,027 and \$200,320, respectively. These accounts will be used to reduce future Organization contributions or used to offset plan expenses. During the year ended December 31, 2024, Organization contributions were reduced by \$486,494 from forfeited nonvested accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

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

Risks and Uncertainties—The Plan provides various investment options to its participants. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Further, due to the level of risk associated with certain investment securities, it is reasonably possible that such changes could materially affect participants’ account balances and the amounts reported in the financial statements.

Investment Valuation and Income Recognition—The Plan’s investments are stated at fair value. Fair value of a financial instrument 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 for discussion on fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividends are recorded on a trade-date basis. Net appreciation/(depreciation) 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. Delinquent participant loans, if any, are recorded as distributions based on the terms of the plan documents.

Administrative Expenses—Administrative expenses of the Plan are paid by either the Plan or the Plan Sponsor and allocated to participant accounts, as provided in the Plan's documents. All investment management and transaction fees directly related to the Plan's investments are paid by the Plan. Management fees and operating expenses charged to the Plan for all investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

The Plan has a revenue-sharing agreement whereby certain investment managers return a portion of the investment fees to plan's trustee/custodian to offset the Plan's administrative expenses. Future Plan expenses can be paid from any excess remaining revenue sharing amounts. For the year ended December 31, 2024, \$13,759 was used to offset Plan expenses. The Plan held undistributed administrative revenues of \$31,105 at December 31, 2024.

Excess Contributions Payable—The Plan is required to return contributions received during the Plan year in excess of IRC limitations. No contributions received during the Plan year exceeded this limitation.

3. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the certified investment information regarding the Plan as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included in the Plan's financial statements and supplemental schedules that was prepared by, or derived from, information prepared by Principal, TIAA and CREF, as custodians of certain Plan assets as of December 31, 2024 and 2023 and for the year ended December 31, 2024, and furnished to the Plan administrator. The Plan administrator has obtained certifications from Principal, TIAA and CREF, as the custodians, that the following information is complete and accurate:

	2024	2023
Statements of net assets available for benefits—investments at fair value	\$ 298,130,781	\$ 251,893,652
Notes receivables from participants	3,638,905	3,138,218
Statement of changes in net assets available for benefits:		
Net appreciation in fair value of investments	29,555,579	
Interest and dividends	5,081,159	
Interest Income on notes receivable from participants	286,040	

Supplemental Schedule—All investment balances and information included in the supplemental schedule of assets (held at end of year) as of December 31, 2024.

Note 4—All investment balances and investment information, excluding the classification and leveling of investments in Note 4.

4. FAIR VALUE MEASUREMENTS

Accounting Standards Codification 820, *Fair Value Measurement*, provides a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market, but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

The policy of the Plan is to recognize significant transfers between levels at the actual date of the event or change in circumstances that caused the transfer.

Asset Valuation Techniques—The following are descriptions of the valuation methods and assumptions used to estimate the fair values of investments. There have been no changes in the methodologies and assumptions used at December 31, 2024 and 2023.

Mutual Funds—Mutual funds are categorized as Level 1. They are valued at quoted prices on nationally recognized securities exchanges. The mutual funds held by the Plan are actively traded.

Variable Annuity Accounts—Variable annuity accounts are categorized as Level 1. They are valued at quoted prices on nationally recognized securities exchanges. The variable annuity accounts held by the Plan are actively traded.

Pooled Separate Account—TIAA Real Estate Account—Pooled separate account—TIAA real estate account is categorized as Level 1. It is valued at quoted prices on nationally recognized securities exchanges. The pooled separate account—TIAA real estate account is actively traded.

TIAA Traditional Annuity—Investments in the TIAA traditional annuity contracts are non-benefit responsive and measured at fair value. The fair value equals the accumulated cash contributions and interest credits to the Plan's contracts, less any withdrawals. The TIAA traditional annuities are not available for sale or transfer on any security exchanges. Accordingly, transactions in similar investment instruments are not observable, and the investments are valued using unobservable inputs (Level 3). Liquidity restrictions apply to these investments that could affect the value realized upon exiting the contract. See Note 5 for discussion of the TIAA traditional annuity.

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

Principal Stable Value (the "Fund")—The Fund is a collective trust fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient, and therefore is excluded from the fair value hierarchy. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to confirm that securities liquidations will be carried out in an orderly business manner. At December 31, 2024 and

2023, there are no unfunded commitments to the Fund and there are no redemption restrictions. The Fund's investment strategy is to use its best efforts to maintain a stable net asset value of \$1 per unit, although there is no guarantee that the Fund will be able to maintain this value.

Self-Directed Brokerage Accounts—The accounts are comprised of cash, cash equivalents, and mutual funds. Cash equivalents are held primarily in short-term money market commingled funds, which are valued at cost plus accrued interest. Mutual funds are valued at the daily closing price as reported by the fund.

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

	Fair Value Measurements as of December 31, 2024, Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Variable annuity accounts:				
Domestic equity funds	\$ 5,494,108	\$ -	\$ -	\$ 5,494,108
Domestic and international equity funds	8,996,329	-	-	8,996,329
Fixed-income funds	493,794	-	-	493,794
Multi-asset fund	559,221	-	-	559,221
Money market fund	<u>1,449,525</u>	<u>-</u>	<u>-</u>	<u>1,449,525</u>
Total variable annuity accounts	<u>16,992,977</u>	<u>-</u>	<u>-</u>	<u>16,992,977</u>
Mutual funds:				
Domestic stock funds	40,808,832	-	-	40,808,832
Domestic and international equity funds	31,698,102	-	-	31,698,102
Balanced funds	169,642,443	-	-	169,642,443
International stock funds	5,665,600	-	-	5,665,600
Fixed-income funds	<u>6,443,597</u>	<u>-</u>	<u>-</u>	<u>6,443,597</u>
Total mutual funds	254,258,574	-	-	254,258,574
Self-directed—balanced funds	6,326,479	-	-	6,326,479
Traditional annuity	-	-	6,536,003	6,536,003
Pooled separate account—real estate fund	<u>1,032,717</u>	<u>-</u>	<u>-</u>	<u>1,032,717</u>
Total	<u>\$ 278,610,747</u>	<u>\$ -</u>	<u>\$ 6,536,003</u>	285,146,750
Principal stable Value—valued at net asset value				<u>12,984,031</u>
Total investments				<u>\$ 298,130,781</u>

	<u>Fair Value Measurements as of December 31, 2023, Using</u>			
	<u>Quoted Prices</u>			
	<u>in Active</u>	<u>Significant</u>	<u>Significant</u>	
	<u>Markets</u>	<u>Other</u>	<u>Unobservable</u>	
	<u>for Identical</u>	<u>Observable</u>	<u>Inputs</u>	
	<u>Assets</u>	<u>Inputs</u>	<u>(Level 3)</u>	
	<u>(Level 1)</u>	<u>(Level 2)</u>		<u>Total</u>
Variable annuity accounts:				
Domestic equity funds	\$ 4,460,321	\$ -	\$ -	\$ 4,460,321
Domestic and international equity funds	8,421,719	-	-	8,421,719
Fixed-income funds	564,717	-	-	564,717
Multi-asset fund	574,416	-	-	574,416
Money market fund	<u>1,276,242</u>	<u>-</u>	<u>-</u>	<u>1,276,242</u>
Total variable annuity accounts	<u>15,297,415</u>	<u>-</u>	<u>-</u>	<u>15,297,415</u>
Mutual funds:				
Domestic stock funds	30,418,237	-	-	30,418,237
Domestic and international equity funds	27,943,670	-	-	27,943,670
Balanced funds	141,205,029	-	-	141,205,029
International stock funds	5,240,116	-	-	5,240,116
Fixed-income funds	<u>5,989,542</u>	<u>-</u>	<u>-</u>	<u>5,989,542</u>
Total mutual funds	210,796,594	-	-	210,796,594
Self-directed—balanced funds	3,925,509	-	-	3,925,509
Traditional annuity	-	-	7,098,613	7,098,613
Pooled separate account—real estate fund	<u>1,160,546</u>	<u>-</u>	<u>-</u>	<u>1,160,546</u>
Total	<u>\$ 231,180,064</u>	<u>\$ -</u>	<u>\$ 7,098,613</u>	238,278,677
Principal stable Value—valued at net asset value				<u>13,614,975</u>
Total investments				<u>\$ 251,893,652</u>

Level 3 Fair Value Measurements—All changes in the level 3 investments are the result of participant contributions and withdrawals into those investments. There were no significant transfers in or out of Level 3 assets for the years ended December 31, 2024 and 2023.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value

Measurements—The following table represents the Plan’s Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs:

As of December 31, 2024

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs
Traditional annuity contract	<u>\$6,536,003</u>	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate

As of December 31, 2023

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs
Traditional annuity contract	<u>\$7,098,613</u>	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate

5. INVESTMENT CONTRACT—TIAA TRADITIONAL ANNUITY

The TIAA traditional annuity is a guaranteed fixed-annuity contract available as an investment option to Plan participants. Each contract is fully and unconditionally guaranteed by TIAA. This TIAA traditional annuity is a non-benefit responsive contract and recorded at fair value. The TIAA traditional annuity is offered through a variety of contract types, including Retirement Annuities (RA) and Group Retirement Annuities (GRA). The type of contract through which a participant invests in the TIAA traditional annuity determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional amounts paid, the degree of liquidity of the participant’s accumulation, and the options for receiving income upon retirement.

When participants choose to allocate a portion of their retirement savings to the TIAA traditional annuity during the accumulation phase of the contract, their contributions purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The participant’s principal, plus a specified minimum rate of interest, is guaranteed (and limited) by TIAA’s claims-paying ability. The TIAA traditional annuity also provides the potential for additional interest, if declared by TIAA’s board of trustees. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1 for accumulating annuities and January 1 for lifetime payout annuities. Additional interest is not guaranteed for future years.

Together, the guaranteed minimum and additional amounts make up the crediting interest rate. For accumulating RA and GRA contracts, the crediting interest rate was 4.61% and 4.85% for December 31, 2024 and 2023, respectively.

All RA contracts require withdrawals in the form of a lifetime payout annuity or in periodic installments over a 10-year period. All GRA contracts may be withdrawn in a single lump sum within 120 days of termination of employment; this transaction is subject to a 2.5% surrender charge. When a participant’s accumulation in the TIAA traditional annuity is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is recorded as a distribution in the statement of changes in net assets available for benefits.

Interest earned during the accumulation phase of the contract is included in the statement of changes in net assets available for benefits, interest and dividends. When a participant's accumulation in the TIAA traditional annuity is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is recorded as a distribution in the statement of changes in net assets available for benefits.

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of group annuities contracts, guaranteed annuity contracts, and mutual funds managed by Principal, TIAA and CREF. Principal and TIAA are the recordkeepers and Principal, TIAA and CREF are custodians of certain Plan assets, and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each investment option. The Plan issues loans to participants, which are secured by the vested balances in the participants' accounts. These qualify as exempt party-in-interest transactions.

Administrative revenues arise when investment managers return a portion of the investment fees to the Plan's trustee/custodian to offset the administrative expenses. Any excess resulting from this revenue sharing remains in an unallocated account from which future Plan expenses can be paid. For the year ended December 31, 2024, \$13,759 was used to offset Plan expenses. The Plan held undistributed administrative revenues of \$31,105 at December 31, 2024.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contribution at any time and to terminate the Plan, subject to provisions set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

8. FEDERAL INCOME TAX STATUS

Effective July 6, 2021, the Plan uses a prototype plan document sponsored by Principal. The IRS has issued an opinion letter to Principal dated June 30, 2020, which states that the prototype document satisfies the applicable provisions of the IRC. The Plan used a prototype plan document sponsored by TIAA through July 5, 2021. The IRS issued an opinion letter to TIAA dated June 30, 2014, which stated that the prototype document satisfied the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Organization and the Plan's management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

9. SUBSEQUENT EVENTS

Subsequent events were evaluated through October 13, 2025, the date the financial statements were available to be issued. No events occurred that require additional disclosure or adjustments to the Plan's financial statements.

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SUPPLEMENTAL SCHEDULES

**AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.
EMPLOYEE RETIREMENT PLAN**

Employer Identification Number: 35-1044585
Plan Number: 001

**FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party and Description	(c) Description of Investment	(d) Cost	(e) Current Value
	* Teachers Insurance and Annuity Association	TIAA—Traditional Non Benefit Responsive	**	\$ 6,536,003
	* Principal Trust Company	Stable Value Fund	**	12,984,031
	* Teachers Insurance and Annuity Association	TIAA—Real Estate	**	1,032,717
	* Principal Trust Company	Self Directed Account	**	6,326,479
	* College Retirement Equities Fund (CREF)	CREF Stock R2	**	7,078,777
	* College Retirement Equities Fund (CREF)	CREF Money Market R2	**	1,449,525
	* College Retirement Equities Fund (CREF)	CREF Social Choice R2	**	559,221
	* College Retirement Equities Fund (CREF)	CREF Bond Market R2	**	247,435
	* College Retirement Equities Fund (CREF)	CREF Global Equities R2	**	1,917,552
	* College Retirement Equities Fund (CREF)	CREF Growth R2	**	3,389,494
	* College Retirement Equities Fund (CREF)	CREF Equity Index R2	**	2,104,614
	* College Retirement Equities Fund (CREF)	CREF Inflation Linked Bond R2	**	246,359
	American Fund	American FD New Perspective R6	**	20,292,932
	Dimensional Fund Advisors	DFA Emerging Mark Core Equity Port I	**	1,437,775
	Dimensional Fund Advisors	DFA US Small Cap Portfolio Inst	**	3,363,446
	Prudential Investments	PGIM Total Ret Bond R6	**	2,974,911
	John Hancock	John Hancock Discipline Val R5	**	6,702,902
	New York Life Investment Management	NYLI Winslow Large Cap Growth Fund	**	6,114,806

(Continued)

**AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.
EMPLOYEE RETIREMENT PLAN**

Employer Identification Number: 35-1044585
Plan Number: 001

**FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party and Description	(c) Description of Investment	(d) Cost	(e) Current Value
	Vanguard	Vanguard Infl Protect Sec Adm	**	\$ 2,312,798
	Vanguard	Vanguard 500 Index Adm	**	24,756,320
	Vanguard	Vanguard Extended Mkt Idx Adm	**	6,574,260
	Vanguard	Vanguard Target Retirement 2020 Inv	**	5,537,207
	Vanguard	Vanguard Target Retirement 2025 Inv	**	8,217,469
	Vanguard	Vanguard Target Retirement 2030 Inv	**	13,607,574
	Vanguard	Vanguard Target Retirement 2035 Inv	**	21,894,303
	Vanguard	Vanguard Target Retirement 2040 Inv	**	30,144,641
	Vanguard	Vanguard Target Retirement 2045 Inv	**	32,164,820
	Vanguard	Vanguard Target Retirement 2050 Inv	**	31,567,003
	Vanguard	Vanguard Target Retirement 2055 Inv	**	17,759,406
	Vanguard	Vanguard Target Retirement 2060 Inv	**	5,911,172
	Vanguard	Vanguard Target Retirement 2065 Inv	**	800,394
	Vanguard	Vanguard Target Retirement 2070 Inv	**	187,053
	Vanguard	Vanguard Target Retirement Income Inv	**	1,851,401
	Vanguard	Vanguard Total Intl Stock Index Adm	**	4,227,825
	Vanguard	Vanguard Total Bond Market Index Adm	**	1,155,888
	SEI Trust Company	Common/Collective Trust COHEN & STEERS US REALTY A FND	**	3,507,835
	MFS Heritage Trust Company	Common/Collective Trust MFS INTL EQUITY CLASS 3A FUND	**	1,194,433
*	Participant loans (maturing 2025–2034 at an interest rate of 4.25% to 10.50%)			-
	TOTAL			<u>\$301,769,686</u>

* Indicates party in interest to the Plan.

** Cost information is not required for participant-directed investments and, therefore, is not included.

See accompanying independent auditor's report.

(Concluded)

**AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.
EMPLOYEE RETIREMENT PLAN**

Employer Identification Number: 35-1044585
Plan No: 001

**FORM 5500, SCHEDULE H, PART IV, QUESTION 4a—SCHEDULE OF
DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024**

	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Participant Contributions Transferred Late to the Plan				
Check here if late participant loan contributions are included				
2023 participant contribution transferred late to the Plan	<u>\$ -</u>	<u>\$55</u>	<u>\$ -</u>	<u>\$ -</u>

See accompanying independent auditor's report.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

04/30/25

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PLAN ID 8-20713

CGS2339

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

A L S A C

EIN 35 1044585
 PLAN NUMBER 001
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
The American Funds	Registered Investment Company American Funds NewPrsp R6 Fnd	Registered Investment Company American Funds NewPrsp R6 Fnd	\$ 0.00	\$ 20,292,932.58
SEI Trust Company	Common/Collective Trust Cohen & Steers US Realty A Fnd	Common/Collective Trust Cohen & Steers US Realty A Fnd	\$ 0.00	\$ 3,507,835.45
ALSAC	Registered Investment Company Cref Bond Market R2 CR	Registered Investment Company Cref Bond Market R2 CR	\$ 0.00	\$ 247,435.00
ALSAC	Registered Investment Company Cref Equity Index R2 CY	Registered Investment Company Cref Equity Index R2 CY	\$ 0.00	\$ 2,104,614.00
ALSAC	Registered Investment Company Cref Global Equities R2 CT	Registered Investment Company Cref Global Equities R2 CT	\$ 0.00	\$ 1,917,552.00
ALSAC	Registered Investment Company Cref Growth R2 CU	Registered Investment Company Cref Growth R2 CU	\$ 0.00	\$ 3,389,494.00
ALSAC	Registered Investment Company Cref Inflation-Linked Bond R2 CW	Registered Investment Company Cref Inflation-Linked Bond R2 CW	\$ 0.00	\$ 246,359.00
ALSAC	Registered Investment Company Cref Money Market R2 CP	Registered Investment Company Cref Money Market R2 CP	\$ 0.00	\$ 1,449,525.00
ALSAC	Registered Investment Company Cref Social Choice R2 CO	Registered Investment Company Cref Social Choice R2 CO	\$ 0.00	\$ 559,221.00
ALSAC	Registered Investment Company Cref Stock R2 Co	Registered Investment Company Cref Stock R2 Co	\$ 0.00	\$ 7,078,777.00
Dimensional Fund Advisors	Registered Investment Company DFA Emerg Mkt Core Eqty I Fd	Registered Investment Company DFA Emerg Mkt Core Eqty I Fd	\$ 0.00	\$ 1,437,775.47
Dimensional Fund Advisors	Registered Investment Company DFA US Small Cap I Fund	Registered Investment Company DFA US Small Cap I Fund	\$ 0.00	\$ 3,363,445.72
ENTERPRISE PRODS	Partnership / Joint Venture ENTERPRISE PRODS PART LP	Partnership / Joint Venture ENTERPRISE PRODS PART LP	\$ 0.00	\$ 3,189.34
John Hancock	Registered Investment Company John Hancock Disc VI R5 Fund	Registered Investment Company John Hancock Disc VI R5 Fund	\$ 0.00	\$ 6,702,902.10
MFS Heritage Trust Company	Common/Collective Trust MFS Intl Equity Class 3A Fund	Common/Collective Trust MFS Intl Equity Class 3A Fund	\$ 0.00	\$ 1,194,432.94

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

A L S A C

EIN 35 1044585
 PLAN NUMBER 001
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A)	(B)	(C)	(D)	(E)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
	MainStay Funds	Registered Investment Company NYLL Winslow Ig Cap Gr I	\$ 0.00	\$ 6,114,805.80
*	Principal Global Investors Trust Co	Common/Collective Trust Principal Stable Value Z Fund	\$ 0.00	\$ 12,984,031.00
	PGIM Investments	Registered Investment Company PGIM Total Ret Bond R6 Fd	\$ 0.00	\$ 2,974,911.02
	PLAINS ALL AMERICAN	Partnership / Joint Venture PLAINS ALL AMERICAN P LP	\$ 0.00	\$ 4,349.51
*	Schwab Funds	Brokerage Account Self-Directed Brokerage Acct	\$ 0.00	\$ 6,318,941.20
	TIAA	Pooled Separate Accounts TIAA REAL ESTATE ACCOUNT	\$ 0.00	\$ 1,032,717.00
	TIAA	Insurance Company General TIAA Traditional Non Benefit Responsive	\$ 0.00	\$ 6,536,003.00
	Vanguard Group	Registered Investment Company Vanguard Ext Mk Index Adm Fd	\$ 0.00	\$ 6,574,259.53
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt Inc Inv Fund	\$ 0.00	\$ 1,851,400.69
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2020 Inv Fund	\$ 0.00	\$ 5,537,207.34
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2025 Inv Fund	\$ 0.00	\$ 8,217,469.00
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2030 Inv Fund	\$ 0.00	\$ 13,607,573.56
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2035 Inv Fund	\$ 0.00	\$ 21,894,302.54
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2040 Inv Fund	\$ 0.00	\$ 30,144,640.75
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2045 Inv Fund	\$ 0.00	\$ 32,164,819.72

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

04/30/25

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

A L S A C

EIN 35 1044585
 PLAN NUMBER 001
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A)	(B)	(C)	(D)	(E)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2050 Inv Fund	\$ 0.00	\$ 31,567,003.41
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2055 Inv Fund	\$ 0.00	\$ 17,759,406.46
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2060 Inv Fund	\$ 0.00	\$ 5,911,172.07
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2065 Inv Fund	\$ 0.00	\$ 800,393.91
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2070 Inv Fund	\$ 0.00	\$ 187,052.56
	Vanguard Group	Registered Investment Company Vanguard Ttl Bd Mkt Idx Adm Fd	\$ 0.00	\$ 1,155,887.87
	Vanguard Group	Registered Investment Company Vanguard 500 Index Admiral Fd	\$ 0.00	\$ 24,756,320.11
	Vanguard Group	Registered Investment Company Vgd Infl-Prot Sec Adm Fund	\$ 0.00	\$ 2,312,797.79
	Vanguard Group	Registered Investment Company Vgd Ttl Intl Stk Idx Adm Fd	\$ 0.00	\$ 4,227,824.68
*	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 10.50%	\$ 0.00	\$ 3,638,905.00

