

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 [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan CROSSWAY 401(K) PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 06/01/2014
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CASSENA CARE, LLC 225 CROSSWAYS PARK DRIVE WOODBURY, NY 11797
2b Employer Identification Number (EIN) 27-3296874
2c Plan Sponsor's telephone number 516-422-7819
2d Business code (see instructions) 623000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for 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	3014
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)	2755
	6a(2)	2868
	6b	0
	6c	411
	6d	3279
	6e	0
	6f	3279
	6g(1)	1854
6g(2)	1782	
6h	244	
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 2J 2K 2F 2G 3D 3H

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 type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input checked="" 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 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 CROSSWAY 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CASSENA CARE, LLC	D Employer Identification Number (EIN) 27-3296874	

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

JOHN HANCOCK LIFE INSURANCE COMPANY **RETIREMENT PLAN SERVICES,**
P.O. BOX 600
BUFFALO, NY 14201-0600

13-3646501

(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)

JOHN HANCOCK LIFE INSURANCE COMPANY

RETIREMENT PLAN SERVICES, ET9
P.O. BOX 600
BUFFALO, NY 14201-0600

13-3646501

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 67 68	RECORDKEEPER	364883	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)

ASSOCIATED PENSION CONSULTANTS INC

401 BROADHOLLOW ROAD
SUITE 403
MELVILLE, NY 11747

11-3271022

(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?
14	THIRD PARTY ADMINISTRATO	113246	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HMM, CPAS LLP

527 TOWNLINE RD #203
HAUPPAUGE, NY 11788

46-5416249

(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?
10	AUDITOR	18000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

CASSENA CARE LLC

225 CROSSWAYS PARK DR
WOODBURY, NY 11797

27-3296874

(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?
14	PLAN ADMINISTRATOR	13000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FLAGSTAR ADVISORS - NEW YORK

1400 BROADWAY, 16TH FLOOR
NEW YORK, NY 10018

86-3255307

(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?
26 27 28	INVESTMENT ADVISOR	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FLAGSTAR ADVISORS - NEW YORK	26 27 28	0
(d) Enter name and EIN (address) of source of indirect compensation JOHN HANCOCK LIFE INSURANCE COMPANY 13-3646501	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RETIREMENT PLAN SERVICES, ET9 BUFFALO, NY 14201-0600 15 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>CROSSWAY 401(K) PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CASSENA CARE, LLC</u>	D Employer Identification Number (EIN) <u>27-3296874</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>JOHN HANCOCK STABLE VAL FD R6</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK NEW YORK</u>		
c EIN-PN <u>13-3646501-000</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>1022479</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP GROWTH FUND III R1</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK NEW YORK</u>		
c EIN-PN <u>13-3646501-000</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>1109800</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP VALUE FUND R1</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK NEW YORK</u>		
c EIN-PN <u>13-3646501-000</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>556245</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN TIAA LC INDEX RET INC R</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK NEW YORK</u>		
c EIN-PN <u>13-3646501-000</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>5630</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN TIAA LIFECYCLE IDX 2010</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK NEW YORK</u>		
c EIN-PN <u>13-3646501-000</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>4786357</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN TIAA LIFECYCLE IDX 2015</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK NEW YORK</u>		
c EIN-PN <u>13-3646501-000</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>30254</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN TIAA LIFECYCLE IDX 2020</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK NEW YORK</u>		
c EIN-PN <u>13-3646501-000</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>860314</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: [NUVEEN TIAA LIFECYCLE IDX 2025](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK NEW YORK](#)

c EIN-PN 13-3646501-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8848995
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NUVEEN TIAA LIFECYCLE IDX 2030](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK NEW YORK](#)

c EIN-PN 13-3646501-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10781029
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NUVEEN TIAA LIFECYCLE IDX 2035](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK NEW YORK](#)

c EIN-PN 13-3646501-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10931834
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NUVEEN TIAA LIFECYCLE IDX 2040](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK NEW YORK](#)

c EIN-PN 13-3646501-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9052447
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NUVEEN TIAA LIFECYCLE IDX 2045](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK NEW YORK](#)

c EIN-PN 13-3646501-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6963030
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NUVEEN TIAA LIFECYCLE IDX 2050](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK NEW YORK](#)

c EIN-PN 13-3646501-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4759015
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NUVEEN TIAA LIFECYCLE IDX 2055](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK NEW YORK](#)

c EIN-PN 13-3646501-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5560531
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NUVEEN TIAA LIFECYCLE IDX 2060](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK NEW YORK](#)

c EIN-PN 13-3646501-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2643062
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NUVEEN TIAA LIFECYCLE IDX 2065](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK NEW YORK](#)

c EIN-PN 13-3646501-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	640287
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WILMINGTON TRUST CORE BOND FD](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK NEW YORK](#)

c EIN-PN 13-3646501-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11350
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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 CROSSWAY 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CASSENA CARE, LLC	D Employer Identification Number (EIN) 27-3296874

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2598991	1425375
(2) Participant contributions	1b(2)	7554	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1312335	1435290
(9) Value of interest in common/collective trusts	1c(9)	63053762	68551309
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20197365	26028666
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	87170007	97440640
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	87170007	97440640

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)	1425375	
(B) Participants.....	2a(1)(B)	6384081	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7809456
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)	124965	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		124965
(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)	538667	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		538667
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		10449701
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		120563
d Total income. Add all income amounts in column (b) and enter total	2d		19043352

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7760622	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7760622
f Corrective distributions (see instructions)	2f		225391
g Certain deemed distributions of participant loans (see instructions)	2g		256326
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	530380	
(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)		530380
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8772719

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10270633
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **HMM & CO., LLP**

(2) EIN: **46-5416249**

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"/>	1088
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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>CROSSWAY 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CASSENA CARE, LLC</u>	D Employer Identification Number (EIN) <u>27-3296874</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	<u>0</u>
---	----------	----------

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): 13-3646501

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	
--	----------	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

Part III	Amendments
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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 Q703912A.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan CROSSWAY 401(K) PLAN</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>001</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF CASSENA CARE, LLC</p>	<p>D Administrator's EIN 27-3296874</p>	

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer CASSENA CARE, LLC	2b EIN 27-3296874	2c Percentage of Total Contributions for the Plan Year 14.51	2d Aggregate Account Balances Attributable to Participating Employer 11980943
2a Name of Participating Employer THERADYNAMICS REHAB MANAGEMENT LLC	2b EIN 45-3973371	2c Percentage of Total Contributions for the Plan Year 22.13	2d Aggregate Account Balances Attributable to Participating Employer 17384170

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2024)
v. 240311**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LI SCRIPT, LLC	26-1986825	14.29	15932276
CARILLON NURSING & REHABILITATION CENTER	11-6126885	5.09	7987911
CARILLON DIALYSIS, LLC	20-3973762	0.06	327806
PALJR LLC, D/B/A EAST NECK NURSING AND REHABILITATION CENTER	13-4261026	5.68	9315723
HEALTHPRO NURSING SOLUTIONS D/B/A PERFECT CHOICE STAFFING	13-4280931	1.85	1367636
JOPAL BRONX, LLC D/B/A WORKMEN'S CIRCLE MULTI CARE CENTER	27-4158722	1.40	1712593
CARDIFF BAY CENTER, LLC	46-1771285	0.29	239701
SHOREVIEW ACQUISITION I	46-2462417	3.39	3006692
MILL POND DIALYSIS CENTER, LLC D/B/A EAST NECK DIALYSIS CENTER	46-4546267	0.42	1066080

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MORNINGSIDE ACQUISITION I LLC	46-1908956	2.82	3537769
NORWALK ACQUISITION I D/B/A CASSENA CARE AT NORWALK	46-2237835	0.14	416555
MORNINGSIDE ALP (MORNINGSIDE ACQUISITION III LLC)	47-1316346	0.28	24319
SEA CREST ACQUISITION I, LLC	26-1300515	2.28	309036
STAMFORD ACQUISITION I, LLC D/B/A CASSENA CARE AT STAMFORD	47-4147881	2.36	1490040
PROSPECT ACQUISITION III LLC	81-5123510	8.08	2483945
WORKMEN'S CIRCLE DIALYSIS CENTER, INC.	46-1392742	0.79	320677
DEWITT REHABILITATION AND NURSING CENTER	52-2371834	3.97	7347571
JAMAICA ACQUISITION III	81-3045507	0.97	587927

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MLAP ACQUISITION I, LLC - LONG BEACH NURSING	46-5648858	2.13	1114695
PENINSULA CONTINUUM SERVICES, LLC	46-5285847	0.71	124899
SEA CREST ACQUISITION (DIALYSIS) II, LLC	81-4959547	0.05	83848
TERRACE ACQUISITION II	47-4147365	1.29	815542
PROSPECT ACQUISITION I LLC	81-5107180	0.57	514396
CHAPIN ACQUISITION I, LLC	82-3508474	1.64	533638
LI SCRIPT NORTH	82-3854910	1.06	245338
MLAP ACQ III (BAY VISTA ASSISTED LIVING)	83-1862087	0.28	144101
MORNINGSIDE DIALYSIS	83-1180918	0.56	183072

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORWALK DIALYSIS CENTER	84-4590893	0.32	416555
VILLAGE ACQUISITION I LLC	86-2490597	0.59	37912
WE STAFF LLC	83-4001313	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

**Crossway 401(k) Plan
(A Multiple-Employer Plan)**

FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023

Crossway 401(k) Plan (A Multiple-Employer Plan)

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
of Crossway 401(k) Plan

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

We have performed audits of the accompanying financial statements of Crossway 401(k) 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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Crossway 401(k) 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 years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, are complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Crossway 401(k) 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 Crossway 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Crossway 401(k) 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 Crossway 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters - Supplemental Schedules Required by ERISA

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

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

In our opinion—

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

HMM & Co., LLP

Hauppauge, NY 11788
October 13, 2025

Crossway 401(k) Plan (A Multiple-Employer Plan)

Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value	\$ 94,579,975	\$ 83,251,127
Total Investments	94,579,975	83,251,127
Receivables:		
Contributions receivable - employers	1,425,375	2,598,991
Contributions receivable - employees	-	7,554
Notes receivable from participants	1,435,290	1,312,335
Total receivables	2,860,665	3,918,880
Net assets available for benefits	\$ 97,440,640	\$ 87,170,007

The accompanying notes are an integral part of these statements

Crossway 401(k) Plan (A Multiple-Employer Plan)

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2024 and 2023

	2024	2023
Additions:		
Contributions		
Employer	\$ 1,425,375	\$ 2,598,991
Employee	6,384,081	6,152,798
Total Contributions	7,809,456	8,751,789
Investment income		
Interest and dividend income	538,667	362,746
Net appreciation in fair value of investments	10,449,701	11,814,772
Total Investment Income	10,988,368	12,177,518
Interest income on notes receivable from participants	124,965	78,196
Other income	120,563	109,118
Total Additions	19,043,352	21,116,621
Deductions:		
Benefits paid to participants	8,242,339	7,017,949
Administrative expenses	530,380	315,037
Total Deductions	8,772,719	7,332,986
Net Increase	10,270,633	13,783,635
Net assets available for benefits at beginning of year	87,170,007	73,386,372
Net assets available for benefits at end of year	\$ 97,440,640	\$ 87,170,007

The accompanying notes are an integral part of these statements

Crossway 401(k) Plan (A Multiple-Employer Plan)

Notes to Financial Statements
Years Ended December 31, 2024 and 2023

Note 1 - Description of the Plan

The following description of the Plan is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Crossway 401(k) Plan (the "Plan") is a multiple-employer contributory defined-contribution plan sponsored by Cassena Care, LLC. The following participating employers are under common management and/or ownership.

- Cassena Care, LLC
- Theradynamics Rehab Management LLC
- LI Script, LLC
- Carillon Nursing & Rehabilitation Center
- Carillon Dialysis, LLC
- PALJR LLC d/b/a East Neck Nursing and Rehabilitation Center
- Healthpro Nursing Solutions d/b/a Perfect Choice Staffing
- Jopal Bronx, LLC d/b/a Workmen's Circle Multi Care Center
- Shoreview Acquisition I d/b/a Shoreview Nursing & Rehabilitation Center
- Norwalk Acquisition I d/b/a Cassena Care at Norwalk
- Workmen's Circle Dialysis Center, Inc.
- Morningside Acquisition I LLC d/b/a Morningside Nursing & Rehabilitation Center
- Cardiff Bay Center, LLC d/b/a Peninsula Nursing & Rehabilitation Center
- Mill Pond Dialysis Center, LLC d/b/a East Neck Dialysis Center
- Morningside Acquisition III d/b/a Morningside Home Care
- Sea Crest Acquisition I, LLC d/b/a New Sea Crest Health Care Center, LLC
- Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford
- Dewitt Rehabilitation & Nursing Center, Inc.
- MLAP Acquisition I, LLC d/b/a Long Beach Nursing & Rehabilitation Center
- Peninsula Continuum Services d/b/a Cassena Care Dialysis at Peninsula
- Terrace Healthcare Center, Inc.
- Sea Crest Acquisition II LLC d/b/a Sea Crest Dialysis Center
- Jamaica Acquisition III LLC
- LI Script North LLC
- Prospect Acquisition I, LLC d/b/a Center for Nursing and Rehabilitation
- MLAP Acquisition III LLC d/b/a Long Beach Home Care
- Chapin Acquisition I, LLC d/b/a Margaret Tietz Nursing and Rehabilitation
- Morningside Dialysis Center LLC
- Prospect Acquisition III, LLC
- Norwalk Dialysis Center, LLC
- Village Acquisition I, LLC d/b/a West Village Rehabilitation and Nursing Center

Crossway 401(k) Plan (A Multiple-Employer Plan)

Notes to Financial Statements Years Ended December 31, 2024 and 2023

Note 1 - Description of the Plan (continued)

The Plan continues to hold balances for former employees of the following employers that ceased participation in Plan.

- Jopal LLC d/b/a Barnwell Nursing & Rehabilitation Center (2017)
- Jopal Sayville LLC d/b/a Sayville Nursing & Rehabilitation Center (2018)
- Jopal at St. James, LLC d/b/a Mills Pond Nursing & Rehabilitation Center (2018)
- New Britain Acquisition I, LLC d/b/a Cassena Care at New Britain (2020)
- Smartlinx Solutions (2021)
- ALPA Laundry Services, LLC (2021)
- LTR Services LLC (2023)

Effective April 1, 2022, LTR Services LLC became an adopting employer, but ceased participation effective March 7, 2023.

Effective January 1, 2024, Village Acquisition I, LLC d/b/a West Village Rehabilitation and Nursing Center became an adopting employer.

The employers listed above are collectively referred to as the “Sponsor” or the “Employers”.

Eligibility

The Plan, adopted and established in June 2014, is a defined contribution profit sharing plan that provides a deferred compensation arrangement under Section 401(k) of the Internal Revenue Code. Employees of participating employers who are age 21 or older and have completed at least 60 days of service are eligible to participate in the Plan, as defined in the Plan document.

Effective January 1, 2019, the Plan was amended to permit participation by employees covered under certain union contracts at specific employers, including MLAP Acquisition I, LLC and Stamford Acquisition I, LLC.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute up to 100% of their annual compensation, not to exceed the maximum amount allowable under the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the plan year are eligible to make additional catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan.

Crossway 401(k) Plan (A Multiple-Employer Plan)

Notes to Financial Statements Years Ended December 31, 2024 and 2023

Note 1 - Description of the Plan (continued)

The Employer may contribute a discretionary matching contribution or a discretionary profit-sharing contribution. For 2024, the Sponsor elected to contribute an employer matching contribution equal to 30% of employee deferrals up to a maximum deferral of 10% (10% deferral to receive 3% of eligible compensation). For 2023, the Sponsor elected to contribute an employer matching contribution equal to 100% of employee deferrals up to a maximum of 4% of eligible compensation.

All eligible employees who are hired on or after January 1, 2025, are auto enrolled at an initial 3%, which will automatically increase by 1% each year on the first day of the next plan year, up to a maximum of 10%.

Investment Options

The Plan offers its participants various investment options. Upon enrollment in the Plan, each participant may direct employee contributions in 1% increments in any of the investment options. Participants may change their investment options daily.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Employers' contributions and Plan earnings (losses) and charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are fully vested at all times in their voluntary contribution accounts. Participants are fully vested in the total value of their account if they are working for the Employers upon reaching retirement age, death or disability.

The discretionary matching contribution or a discretionary profit-sharing contributions made by the Employers to participant accounts vest according to the following schedule:

<u>After Years of Service</u>	<u>Percent Vested</u>
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Crossway 401(k) Plan (A Multiple-Employer Plan)

Notes to Financial Statements Years Ended December 31, 2024 and 2023

Note 1 - Description of the Plan (continued)

The following vesting schedule applies to matching and profit-sharing contributions for employees who became participants prior to January 1, 2023:

<u>After Years of Service</u>	<u>Percent Vested</u>
1	0%
2	20%
3	100%

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum payment equal to the value of the participant's vested interest, or monthly or annual installments over a number of years. For termination of service due to other reasons, a participant may receive the value of the vested interest as a lump-sum distribution.

Forfeitures

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$208,202 and \$58,531, respectively. These accounts may first be used to pay plan expenses. Any amount remaining after paying plan expenses are used to offset contributions. For the years ended December 31, 2024 and 2023, forfeitures used to offset plan expenses were \$0 and \$20,199, respectively.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to \$50,000. Participants are limited to borrowing a maximum of 50% of the present value of the participant's vested account balance. The interest rate is based on the rates available for similar notes receivable from commercial lending institutions. At December 31, 2024, interest rates for notes outstanding ranged from 4.25% to 10.50%. Notes are secured by the balance in the participant's account. Principal and interest are paid ratably through payroll deductions. Each note must be repaid within a period not to exceed five years, unless the loan is for the purchase of a principal residence. The notes will become payable in full upon termination of employment.

Hardship Withdrawal

In cases of immediate and heavy financial need, as defined by the Plan, participants may be eligible to receive an emergency withdrawal from a certain portion of their vested account balance.

Plan Termination

Although they have not expressed intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would remain 100% vested in their employee contribution accounts and will become 100% vested in the employer contribution accounts.

Crossway 401(k) Plan (A Multiple-Employer Plan)

Notes to Financial Statements
Years Ended December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with the accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an assets or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 3 for a discussion of fair value measurement.

Purchases and sales of investments are recorded on the trade date basis. Interest income is recorded on the accrual basis. Dividend income is accrued on the ex-dividend date. The income or loss of each investment option, including the change in market value of investments, is allocated to participant accounts based on each participant's proportionate interest in the investment option. 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 are deemed as distributions based upon the terms of the plan document. There is no reserve for credit losses at December 31, 2024 and 2023.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative fees may be paid by the Sponsor or the Plan. Fees paid to John Hancock Life Insurance Company of New York and John Hancock Trust Company LLC for investment management and bookkeeping services are paid by the Plan and included as a reduction of the investment return.

Crossway 401(k) Plan (A Multiple-Employer Plan)

Notes to Financial Statements
Years Ended December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (continued)

Other income

Other income consists of plan expense reductions credited to participant accounts under the terms of the custodial agreement with John Hancock Life Insurance Company of New York and John Hancock Trust Company LLC.

Date of Management's Review

In preparing these financial statements, the Company has evaluated events and transactions through October 13, 2025, which is the date the financial statements were available to be issued.

Note 3 - Fair Value Measurements

Fair Value Measurements establishes 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. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below. Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. Level 2 inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Crossway 401(k) Plan (A Multiple-Employer Plan)

Notes to Financial Statements Years Ended December 31, 2024 and 2023

Note 3 - Fair Value Measurements (continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 as compared to those used at December 31, 2023.

- Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- Pooled separate accounts - Valued at the net asset value (“NAV”) of shares held by the Plan at year end. These accounts have readily determinable fair values and transact at NAV.
- Common collective trust - Valued on the basis of the relative interest of each participating investor in the fair value of the underlying assets of each of the respective common collective trusts. The underlying assets are valued based on the NAV, as a practical expedient, as provided by the investment manager.

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

The following table sets forth by level, within the fair value hierarchy, the investments at fair value as of December 31, 2024 and 2023:

	Level 1	2024 Level 2	Total
Mutual Funds	\$ 26,017,316	\$ -	\$ 26,017,316
Total assets reported on the fair value hierarchy	\$ 26,017,316	\$ -	26,017,316
Common collective trust, measured at net asset value*			68,562,659
Total investments at fair value			\$ 94,579,975

Crossway 401(k) Plan (A Multiple-Employer Plan)

Notes to Financial Statements
Years Ended December 31, 2024 and 2023

Note 3 - Fair Value Measurements (continued)

	Level 1	2023 Level 2	Total
Pooled separate accounts	\$ 20,197,365	\$ -	\$ 20,197,365
Total assets reported on the fair value hierarchy	\$ 20,197,365	\$ -	20,197,365
Common collective trust, measured at net asset value*			63,053,762
Total investments at fair value			\$ 83,251,127

* In accordance with ASU 2015-07, certain investments that were measured using the practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line item statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023:

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Common collective trusts (CCT) **	\$ 68,562,659	\$ 63,053,762	None	Daily	1 day

** Common collective trust - A stable value fund that is composed primarily of fully benefit-responsive investment contracts that are valued at the net asset value of units of the bank collective trust. 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 ensure that securities liquidations will be carried out in an orderly business manner.

Crossway 401(k) Plan (A Multiple-Employer Plan)

Notes to Financial Statements Years Ended December 31, 2024 and 2023

Note 4 – Certified Investment Information

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C), pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA. Accordingly, John Hancock Life Insurance Company of New York and John Hancock Trust Company LLC, qualified institutions, have certified the following information as complete and accurate:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation in the fair value of investments, dividends, other income and interest income on the notes receivable from participants reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- All investment information included in the supplemental schedule, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024.

John Hancock Trust Company LLC held the Plan's investments and executed investment transactions from April 4, 2023 to December 31, 2024. John Hancock Life Insurance Company of New York held the Plan's investments and executed investment transactions from January 1, 2023 to April 3, 2023.

Note 5 - Income Tax Status

The Plan has adopted a prototype non-standardized plan pre-approved by the Internal Revenue Service ("IRS"). The IRS issued an opinion letter dated June 30, 2020, that the prototype non-standardized plan is acceptable with the applicable section of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter, however the Plan administrator and tax counsel believe that the plan is correctly designed and is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more than likely would not be sustained upon examination by the applicable authorities. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6 – Excess Contributions

Benefits paid to participants of \$8,242,339 and \$7,017,949, for the plan years ended December 31, 2024 and 2023, include excess contributions of \$225,391 and \$221,268, respectively, made to certain active participants as required to satisfy the relevant non-discrimination provisions of the Plan.

Crossway 401(k) Plan (A Multiple-Employer Plan)

Notes to Financial Statements
Years Ended December 31, 2024 and 2023

Note 7 - Party-in-Interest

Plan investments include investments managed by the custodians as defined by the Plan, and therefore, these transactions qualify as exempt party-in-interest transactions. Fees for investment management services and bookkeeping services were included as a reduction of the return on each fund. Certain administrative fees related to the administration of the Plan were paid by the Plan or by the Sponsor. These transactions qualify as exempt party-in-interest transactions.

Note 8 - Risks and Uncertainties

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

Note 9 – Delinquent Contributions

In 2024 and 2023, the Sponsor failed to remit participant contributions in a timely manner. The Sponsor identified 2 instances for a total of \$1,088 in 2024 and 40 instances for a total of \$497,926 in 2023, in which participant contributions were remitted to the Plan in violation of the Department of Labor (DOL) regulations. The Sponsor estimated the corrective payments due to the plan and determined the amounts to be immaterial.

**Crossway 401(k) Plan
(A Multiple-Employer Plan)
Supplemental Schedules
Year Ended December 31, 2024**

**Crossway 401(k) Plan
(A Multiple-Employer Plan)**

**Schedule H, Line 4(i)-Schedule of Assets (Held at End of Year)
December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of interest, Collateral, Par or Maturity Value	(d) Cost	(E) Current Value (1)
Mutual Funds				
	Alliance Bernstein	AB Global Bond Fd Z	**	\$ 127,104
	Blackrock	BlackRock High Yld Bd Prt K	**	144,140
	John Hancock	John Hancock Bond Fund R6	**	321,543
	Hartford	The Hartford Bal Inc Fd R6	**	278,934
*	John Hancock	JHancock Mldx Lifestyle Agg R6	**	2,658,844
*	John Hancock	JHancock Mldx Lifestyle Bal R6	**	1,717,170
*	John Hancock	JHancock Mldx Lifestyle Con R6	**	1,796,332
*	John Hancock	JHancock Mldx Lifestyle Gr R6	**	1,772,966
*	John Hancock	JHancock Mldx Lifestyle Mod R6	**	1,033,011
	Cohen & Steers	Cohen & Steers Real Est Sec Z	**	149,121
	Fidelity	Fidelity 500 Index Fd	**	3,842,265
	Vanguard	Vanguard Ttl Stk Mrkt Indx Ad	**	845,853
	Vanguard	Vanguard Value Index Fd Adm	**	971,889
	Dimensional Fund Advisors	DFA US Small Cap Port Inst	**	430,118
	Franklin Templeton Investments	Franklin Gld and Prec Mtls R6	**	160,141
	PGIM Investments	PGIM Jennison Nat Resources R6	**	22,456
	Vanguard	Vanguard Fed Money Market	**	324,258
	Vanguard	Vanguard Energy Index Fd Adm	**	192,368
	Vanguard	Vanguard Growth Index Fd Adm	**	2,466,795
	Vanguard	Vanguard Health Care Idx Adm	**	737,895
	Vanguard	Vanguard Info Tech Idx Admiral	**	2,508,549
	Vanguard	Vanguard Mid Cap Index Adm	**	616,208
	Vanguard	Vanguard MidCap Grwth Ind Adm	**	208,374
	Vanguard	Vanguard Small Growth Adml	**	733,420
	Vanguard	Vanguard Sm Cap Val Ind (Adm)	**	569,816
	American Funds	American New World Fund R6	**	182,453
	Dimensional Fund Advisors	DFA International Value Prt I	**	36,567
	MFS	MFS Global Growth Fund (R6)	**	495,080
	Vanguard	Vanguard Intl Growth Fund Adm	**	304,313
	JPMorgan	JPMorgan US Govt MMkt Cap Cl	**	369,333
Total Mutual Funds				26,017,316

**Crossway 401(k) Plan
(A Multiple-Employer Plan)**

**Schedule H, Line 4(i)-Schedule of Assets (Held at End of Year)
December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of interest, Collateral, Par or Maturity Value	(d) Cost	(E) Current Value (1)
Common Collective Trust				
*	John Hancock Trust Company	Wilmington Trust Core Bond Fd	**	11,350
*	John Hancock Trust Company	Nuveen TIAA LC Index Ret Inc R	**	5,630
*	John Hancock Trust Company	Nuveen TIAA Lifecycle Idx 2010	**	4,786,357
*	John Hancock Trust Company	Nuveen TIAA Lifecycle Idx 2015	**	30,254
*	John Hancock Trust Company	Nuveen TIAA Lifecycle Idx 2020	**	860,314
*	John Hancock Trust Company	Nuveen TIAA Lifecycle Idx 2025	**	8,848,995
*	John Hancock Trust Company	Nuveen TIAA Lifecycle Idx 2030	**	10,781,029
*	John Hancock Trust Company	Nuveen TIAA Lifecycle Idx 2035	**	10,931,834
*	John Hancock Trust Company	Nuveen TIAA Lifecycle Idx 2040	**	9,052,447
*	John Hancock Trust Company	Nuveen TIAA Lifecycle Idx 2045	**	6,963,030
*	John Hancock Trust Company	Nuveen TIAA Lifecycle Idx 2050	**	4,759,015
*	John Hancock Trust Company	Nuveen TIAA Lifecycle Idx 2055	**	5,560,531
*	John Hancock Trust Company	Nuveen TIAA Lifecycle Idx 2060	**	2,643,062
*	John Hancock Trust Company	Nuveen TIAA Lifecycle Idx 2065	**	640,287
*	John Hancock Trust Company	Large Cap Growth Fund III R1	**	1,109,800
*	John Hancock Trust Company	Mid Cap Value Fund R1	**	556,245
*	John Hancock Trust Company	John Hancock Stable Val	**	1,022,479
Total Common Collective Trust				<u>68,562,659</u>
Total Investments				94,579,975
Participant Loans		Rates range from 4.25% to 10.50%	- 0 -	1,435,290
Total				<u><u>\$ 96,015,265</u></u>

* Party-in interest as defined by ERISA

** Not required for participant directed plans.

(1) As certified by Custodian

**Crossway 401(k) Plan
(A Multiple-Employer Plan)**

**Schedule H, Line 4(a)-Schedule of Delinquent Participant Contributions
December 31, 2024**

			<u>Total That Constitutes Nonexempt Prohibited Transactions</u>				
			Check Here if Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Totally Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
<u>Participant Contributions Transferred Late to the Plan</u>	<u>Amount Withheld</u>	<u>Date Withheld</u>	<u>Date Remitted</u>				
	\$ 544	3/1/2024	3/22/2024	-	\$ 544	\$ -	\$ -
	544	3/8/2024	3/22/2024	-	544	-	-
	<u>\$ 1,088</u>			<u>\$ -</u>	<u>\$ 1,088</u>	<u>\$ -</u>	<u>\$ -</u>

**Crossway 401(k) Plan
(A Multiple-Employer Plan)**

**Schedule H, Line 4(i)-Schedule of Assets (Held at End of Year)
December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of interest, Collateral, Par or Maturity Value	(d) Cost	(E) Current Value (1)
Mutual Funds				
	Alliance Bernstein	AB Global Bond Fd Z	**	\$ 127,104
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**Crossway 401(k) Plan
(A Multiple-Employer Plan)**

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Total Common Collective Trust				68,562,659
Total Investments				94,579,975
Participant Loans		Rates range from 4.25% to 10.50%	- 0 -	1,435,290
Total				\$ 96,015,265

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