

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... [X] an amended return/report [] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... [] special extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: EMPLOYEE BENEFITS PLAN OF FAMILY SERVICES, INC. 1b Three-digit plan number (PN): 003 1c Effective date of plan: 01/01/1981 2a Plan sponsor's name (employer, if for a single-employer plan): FAMILY SERVICES, INC. 1200 S BROAD STREET WINSTON-SALEM, NC 27101 2b Employer Identification Number (EIN): 56-0689235 2c Plan Sponsor's telephone number: 336-722-8173 2d Business code (see instructions): 624100

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	110
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)	16
	6a(2)	16
	6b	34
	6c	59
	6d	109
	6e	0
	6f	109
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3D 1I

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 type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>EMPLOYEE BENEFITS PLAN OF FAMILY SERVICES, INC.</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FAMILY SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>56-0689235</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>2689886</u>
	b Actuarial value	2b	<u>2689886</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>34</u>	<u>1343975</u>
	b For terminated vested participants	<u>60</u>	<u>1432465</u>
	c For active participants	<u>16</u>	<u>519597</u>
	d Total	<u>110</u>	<u>3296037</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.14 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>23311</u>
	c Target normal cost	6c	<u>23311</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>09/08/2025</u>
	<u>MYIAH L. GAUNTLETT, ASA, MAAA, EA</u>	Date
	Type or print name of actuary	<u>23-08048</u>
	<u>MCGRIFF, A MARSH & MCLENNAN COMPANY</u>	Most recent enrollment number
	Firm name	<u>336-291-1176</u>
	<u>3318 WEST FRIENDLY AVENUE</u> <u>SUITE 400</u> <u>GREENSBORO, NC 27410</u>	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	24744
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	24744
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.13</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		224409
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> %		10561
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		3249
	c Total available at beginning of current plan year to add to prefunding balance		238219
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	81.52 %
15	Adjusted funding target attainment percentage	15	81.52 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	68.80 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
07/09/2024	40000	0					
10/09/2024	15778	0					
10/16/2024	17792	0					
12/30/2024	33570	0					
			Totals ▶	18(b)	107140	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 103193
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	23311
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	609617	62658
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	85969
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0
36 Additional cash requirement (line 34 minus line 35)	36	85969
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	103193

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	17224
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

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 EMPLOYEE BENEFITS PLAN OF FAMILY SERVICES, INC.	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 FAMILY SERVICES, INC.	D Employer Identification Number (EIN) 56-0689235	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

TRUIST BANK

56-1074313

(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?
21 27	NONE	10087	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)

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	MYIAH GAUNTLETT	b EIN:	56-1623293
c Position:	ENROLLED ACTUARY		
d Address:	3318 WEST FRIENDLY AVE. SUITE 400 GREENSBORO, NC 27410	e Telephone:	336-291-1176

Explanation: MR. GAUNTLETT WAS TEMPORARILY ASSIGNED AS THE ENROLLED ACTUARY WHILE MR. GRIDER'S REPLACEMENT WAS HIRED. THERE ARE NO MATERIAL DISPUTES OR MATTERS OF DISAGREEMENT CONCERNING THE TERMINATION.

a Name:	ROBERT GRIDER	b EIN:	26-3237576
c Position:	ENROLLED ACTUARY		
d Address:	2094 DRAY CR JAMESTOWN, NC 27282	e Telephone:	336-554-6049

Explanation: MR. GRIDER IS NO LONGER WITH THE FIRM AND AS A RESULT, A NEW ACTUARY WAS ASSIGNED TO THE PLAN. THERE ARE NO MATERIAL DISPUTES OR MATTERS OF DISAGREEMENT CONCERNING THE TERMINATION.

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan EMPLOYEE BENEFITS PLAN OF FAMILY SERVICES, INC.	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 FAMILY SERVICES, INC.	D Employer Identification Number (EIN) 56-0689235

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	96	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	349193	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	285	114
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	67042	65007
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2284517	2243900
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	2701133	2309021
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2701133	2309021

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)	107140	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		107140
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2843	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2843
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	56062	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		56062
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		210628
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		376673

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	697103	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		697103
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	8070	
(6) Bank or trust company trustee/custodial fees	2i(6)	2017	
(7) Actuarial fees	2i(7)	4881	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	56714	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		71682
j Total expenses. Add all expense amounts in column (b) and enter total	2j		768785

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-392112
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: BUTLER BURKE, L.L.P.

(2) EIN: 56-1138530

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		400000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 557389.

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>EMPLOYEE BENEFITS PLAN OF FAMILY SERVICES, INC.</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FAMILY SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>56-0689235</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 56-1074313

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		1
---	--	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501336A.

**EMPLOYEE BENEFIT PLAN OF
FAMILY SERVICES, INC.**

Financial Statements

December 31, 2024 and 2023

TABLE OF CONTENTS

Independent Auditors' Report.....	2 - 5
Statements of Net Assets Available for Benefits	6
Statements of Changes in Net Assets Available for Benefits.....	7
Notes to Financial Statements.....	8 - 15

SUPPLEMENTAL INFORMATION

Schedule H, Line 4i – Schedule of Assets (Held at End of Year).....	16
Schedule H, Line 4j – Schedule of Reportable Transactions.....	17

To the Trustees
Employee Benefit Plan of Family Services, Inc.
Winston-Salem, North Carolina

INDEPENDENT AUDITORS' REPORT

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note E to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Employee Benefit Plan of Family Services, Inc.'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 Employee Benefit Plan of Family Services, Inc.'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.

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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).

Butler & Burke LLP

Winston-Salem, North Carolina
February 13, 2026

EMPLOYEE BENEFIT PLAN OF FAMILY SERVICES, INC.
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value	\$ 2,243,900	\$ 2,284,517
Contribution Receivable	-	349,193
Cash	<u>65,121</u>	<u>67,423</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 2,309,021</u>	<u>\$ 2,701,133</u>

EMPLOYEE BENEFIT PLAN OF FAMILY SERVICES, INC.
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income		
Interest and dividend income	\$ 58,905	\$ 56,437
Net appreciation in fair value of investments	<u>210,628</u>	<u>232,530</u>
<u>Total Investment Income</u>	269,533	288,967
Employer contributions	<u>107,140</u>	<u>363,924</u>
<u>TOTAL ADDITIONS</u>	<u>376,673</u>	<u>652,891</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefit payments	697,103	143,659
Administrative expenses	<u>71,682</u>	<u>30,729</u>
<u>TOTAL DEDUCTIONS</u>	<u>768,785</u>	<u>174,388</u>
<u>NET INCREASE (DECREASE)</u>	(392,112)	478,503
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>2,701,133</u>	<u>2,222,630</u>
End of Year	<u>\$ 2,309,021</u>	<u>\$ 2,701,133</u>

EMPLOYEE BENEFIT PLAN OF FAMILY SERVICES, INC.

NOTES TO FINANCIAL STATEMENTS

NOTE A: PLAN DESCRIPTION

The following brief plan description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit noncontributory plan covering substantially all employees of Family Services, Inc. (the "Organization") utilizing the Pension Protection Act method for valuation of pension benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Employees are eligible to participate in the plan upon the attainment of age twenty-one and completion of one year of service. However, plan participation was frozen and limited to employees eligible as of June 30, 2010.

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at the normal retirement age (65) equal to 1.375% of their final average earnings multiplied by years of credited service and 0.5% of final average earnings in excess of thirty-five years. Participants electing to delay retirement and continue employment after the normal retirement date will receive, at actual retirement, benefits accrued to the actual retirement date. The Plan permits early retirement at ages 55 through 64. Early retirement benefits are calculated in the same manner as normal retirement, except that the excess earnings portion of the calculation will be reduced as necessary to comply with safe harbor regulations. Terminated participants may receive full accrued benefits at either normal retirement date or immediately if early retirement is applicable at termination date. A terminated employee who satisfied the service requirement for early retirement, but not at the age requirement, will be eligible to receive a reduced benefit prior to normal retirement. If employees terminate before rendering 5 years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Organization's contributions. In any case, benefit accrual service shall not be credited for any service of any participant and final average earnings shall not include any compensation earned by any participant after June 30, 2010. Any participant who is not 100% vested as of June 30, 2010 will not become 100% vested.

Death Benefit

Upon death of a participant, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary in the form of an immediate monthly annuity. If a participant dies after satisfying the requirement for early retirement, the survivor's benefit, commencing immediately, is equal to that which would have been paid had the employee retired on the first day of the month in which death occurred and had elected a 66-2/3% joint and survivor annuity option.

Plan Expenses

With the exception of direct administrative expenses, all costs and expenses incurred in connection with the operation of the Plan are paid by the Plan.

EMPLOYEE BENEFIT PLAN OF FAMILY SERVICES, INC.

NOTES TO FINANCIAL STATEMENTS

NOTE A: PLAN DESCRIPTION (CONTINUED)

Payment of Benefits

Upon termination of service due to death, retirement, or separation from service, a participant or his or her beneficiary with a vested balance greater than \$5,000 may elect to receive a qualified joint and survivor annuity, a life annuity, a single lump-sum payment, an alternative form of annuity, or equal installments over a period of not more than the beneficiary's assumed life expectancy at the time of distribution. If an employee terminates employment and the single sum present value of the employee's vested benefit is \$5,000 or less, then that employee will receive a single lump sum payment in lieu of an annuity.

NOTE B: SUMMARY OF ACCOUNTING POLICIES

The accounting records with respect to financial transactions were held by Truist Bank ("Truist"). Annual financial statements and supplemental schedules are furnished to the Plan by the trustee.

Date of Management's Review of Subsequent Events

The Plan has evaluated its subsequent events (events occurring after December 31, 2024) through the date of this report, which represents the date the financial statements were available to be issued and determined that all significant events and disclosures are included in the financial statements.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those amounts.

Basis of Presentation

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with GAAP.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management determines the Plan's valuation policies. See Note D for discussion of fair value measurements.

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

EMPLOYEE BENEFIT PLAN OF FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE B: SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last ten years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the last ten years ending on the date as of which the benefit information is presented (valuation date).

Benefits payable under all circumstances – retirement, death, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided through annuity contracts are excluded from plan assets and are also excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant assumptions used in the valuation as of January 1, 2024 were:

Actuarial cost method	Unit Credit cost method
Retirement age	Age 65
Mortality rates	Pri-2012 Amount-Weighted Mortality Table projected by Scale MP-2021
Discount rate	6.25%
Interest rates for funding	Pre- and Post-retirement: HATFA - 14 Segment rates: 1st segment: 4.75%, 2nd segment: 4.87%, 3rd segment: 5.59%, 5.14% effective rate
Participant withdrawal rates	Rates shown are the probability of termination within the following year: Age 25 – 23.2%, Age 40 – 15.5%, Age 55 – 2.8%
Compensation increase	N/A
Marital status	Age difference: Spouses of male participants are assumed to be 3 years younger, and spouses of female participants 3 years older. It is assumed that 80% of all participants are married.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

EMPLOYEE BENEFIT PLAN OF FAMILY SERVICES, INC.

NOTES TO FINANCIAL STATEMENTS

NOTE C: FUNDING POLICY

The Organization's funding policy is to make quarterly contributions to the Plan that are estimated to remain a constant percentage of employees' compensation each year such that contributions to the Plan are made by the Organization in amounts sufficient to fund the Plan's current service cost on a current basis and to fund the initial post service costs over a period of 40 years. The Organization's contributions for 2024 exceeded the minimum funding requirements of ERISA.

As of June 30, 2010 the Organization froze participation in the Plan.

NOTE D: FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no Plan assets requiring the use of Level 2 or 3 inputs for the periods presented.

Level 1 Fair Value Measurements

Exchange traded funds (ETFs) are valued at the last reported sales price or official closing price on the exchange on which the fund is actively traded. Because these securities are actively traded on public exchanges, they are categorized as Level 1.

Mutual funds are valued at the daily closing net asset value (NAV) as reported by the fund, which is a quoted price in an active market. These are classified as Level 1.

EMPLOYEE BENEFIT PLAN OF FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE D: FAIR VALUE MEASUREMENTS (CONTINUED)

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

	<u>Fair Value</u>	<u>Fair Value Measurements at the End of the Reporting Period Using:</u>
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>
<u>December 31, 2024</u>		
Exchange traded funds	\$ 1,343,514	\$ 1,343,514
Mutual funds	<u>900,386</u>	<u>900,386</u>
Total assets at fair value	<u>\$ 2,243,900</u>	<u>\$ 2,243,900</u>
<u>December 31, 2023</u>		
Exchange traded funds	\$ 994,031	\$ 994,031
Mutual funds	<u>1,290,486</u>	<u>1,290,486</u>
Total assets at fair value	<u>\$ 2,284,517</u>	<u>\$ 2,284,517</u>

NOTE E: INFORMATION PREPARED AND CERTIFIED BY THE PLAN'S TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee, Truist, as of December 31, 2024 and 2023 and for the years then ended. All investments are certified at fair value.

	<u>2024</u>	<u>2023</u>
Statements of net assets available for benefits		
Investments, at fair value	\$ 2,243,900	\$ 2,284,517
Cash	<u>65,121</u>	<u>67,423</u>
	<u>\$ 2,309,021</u>	<u>2,351,940</u>
Statements of changes in net assets available for benefits		
Interest and dividend income	<u>\$ 58,905</u>	<u>\$ 56,437</u>
Net appreciation in fair value of investments	<u>\$ 210,628</u>	<u>\$ 232,530</u>

EMPLOYEE BENEFIT PLAN OF FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE F: ACCUMULATED PLAN BENEFITS

The accumulated plan benefits and changes in accumulated plan benefits as of the most recent actuarial valuation date, January 1, 2024, and for the year then ended are presented below.

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits:	
Participants currently receiving benefits	\$ 1,238,120
Participants entitled to deferred benefits	1,279,978
Other participants	<u>464,828</u>
	2,982,926
Nonvested Benefits	<u>2,214</u>
	<u>2,985,140</u>
<u>Total Actuarial Present Value of Accumulated Plan Benefits</u>	
	<u>\$ 2,985,140</u>
Actuarial Present Value of Accumulated Plan Benefits, Beginning	\$ 2,953,288
Increase (decrease) during year attributable to:	
Benefits accumulated and miscellaneous	86,276
Decrease in discount period	172,950
Benefits paid or purchased	(143,659)
Change in actuarial assumptions	<u>(83,715)</u>
	<u>2,985,140</u>
<u>Actuarial Present Value of Accumulated Plan Benefits, Ending</u>	<u>\$ 2,985,140</u>

NOTE G: 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. 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 those changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

EMPLOYEE BENEFIT PLAN OF FAMILY SERVICES, INC.

NOTES TO FINANCIAL STATEMENTS

NOTE H: PLAN TERMINATION

The Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, affected employees become fully vested and the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the following order of precedence:

- Payments to retirees and beneficiaries whose benefits commenced at least three years before the Plan's termination.
- Payments to individuals who would have been eligible to receive benefits at least 3 years before the Plan's termination.
- Payment of all other benefits up to the amount guaranteed by the Pension Benefit Guaranty Corporation (PBGC).
- Payment of all nonforfeitable benefits.
- Any other benefits accrued before the Plan's termination.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

NOTE I: PARTY-IN-INTEREST TRANSACTIONS

Plan investments are shares of mutual funds managed by Truist. Truist is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest and are denoted as such on the Schedule of Assets (Held at End of Year). Fees paid by the Plan to Truist for administration services amounted to \$14,968 and \$30,729 for the years ended December 31, 2024 and 2023, respectively.

EMPLOYEE BENEFIT PLAN OF FAMILY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE J: INCOME TAX STATUS

The Plan adopted the FIS Capital Markets US LLC Non-Standardized Pre-Approved Defined Benefit Plan that received an opinion letter from the Internal Revenue Service (“IRS”) dated July 31, 2021, stating that the written form of the underlying prototype plan document is qualified under Section 401 of the Internal Revenue Code (“IRC”), and that any employer adopting this form of the plan will be considered to have a plan qualified under Section 401(a) of the IRC. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes that the Plan is being operated and administered in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Organization has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. It is the opinion of the Plan sponsor that the Plan has no uncertain tax positions that would be subject to change upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Organization’s tax filings are generally subject to examination for three years after they are filed.

EMPLOYEE BENEFIT PLAN OF FAMILY SERVICES, INC.
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Form 5500, Schedule H, Line 4i:
 EIN: 56-0689235
 Plan Number: 003

(a)	(b)	(c)	(d)	(e)
*	Identity of issue, borrower, lessor or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
Exchange Traded Funds				
	Ishares	Core S&P 500 ETF	\$ 360,826	\$ 466,823
	Ishares	Core US Aggregate Bond ETF	368,363	357,561
	Ishares	S&P 500 Value ETF	80,579	83,415
	Ishares	20+ Year Treasury Bond ETF	64,589	62,354
	Ishares	5-10 Year Investment Grade Corporate Bond ETF	78,800	76,698
	Vanguard	FTSE Developed Markets ETF	63,606	58,866
	Vanguard	Russell 1000 Growth ETF	184,932	237,797
Mutual Funds				
	GQG Partners	Emerging Markets Equity Fund	29,528	34,603
	Artisan	International Value Fund	74,385	81,082
	Cohen & Steers	Institutional Realty Shares	45,313	46,261
	Dimensional	US Small Cap Portfolio	36,869	42,104
	Eaton Vance	Atlanta Capital SMID-Cap Fund	85,917	94,228
	Hartford	Dividend and Growth Fund	137,795	137,073
	JO Hambro	International Select Fund	65,475	59,856
	T. Rowe Price	QM US Small Cap Growth Equity Fund	49,668	45,096
	Dodge and Cox	Income Fund	380,492	360,083
Cash				
*	Truist	Truist Bank Insured Deposit Program	<u>65,121</u>	<u>65,121</u>
		Total	<u><u>\$ 2,172,258</u></u>	<u><u>\$ 2,309,021</u></u>

* Represents investments held with party-in-interest.

EMPLOYEE BENEFIT PLAN OF FAMILY SERVICES, INC.
SUPPLEMENTAL SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2024

Form 5500, Schedule H, Line 4j:
 EIN: 56-0689235
 Plan Number: 003

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
<u>Identity of party involved</u>	<u>Description of asset (including interest rate and maturity in case of a loan)</u>	<u>Purchase price</u>	<u>Selling price</u>	<u>Expense incurred with transaction</u>	<u>Cost of asset</u>	<u>Current value of asset on transaction date</u>	<u>Net gain or (loss)</u>
<p>Category (1) - Single transaction exceeds 5% of Plan assets</p> <p>Please see appendix A</p>							
<p>Category (2) - Series of non-security transactions with same party in excess of 5% of Plan assets</p> <p>Please see appendix A</p>							
<p>Category (3) - Series of transactions in same security exceeds 5% of Plan assets</p> <p>Please see appendix A</p>							
<p>Category (4) - Single transaction with one broker exceeds 5% of Plan assets</p> <p>Please see appendix A</p>							
<p>Column (e) omitted as not applicable.</p>							

APPENDIX A



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 1160001983

PAGE 55

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
		BEGINNING MARKET VALUE		2,351,940.44		
		COMPARATIVE VALUE (5%)		117,597.02		

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: SA0000560 - TRUIST BK TRUST DEPOSIT ACCT-RIS						
01/16/24 B	297,156.3700	1.0000	0	-297,156 *	297,156	
ISSUE: SA0000560 - TRUIST BK TRUST DEPOSIT ACCT-RIS						
01/17/24 S	297,202.8400	1.0000	0	297,203 *	297,203	0
ISSUE: SA0000560 - TRUIST BK TRUST DEPOSIT ACCT-RIS						
09/13/24 B	205,000.0000	1.0000	0	-205,000 *	205,000	
ISSUE: SA0000560 - TRUIST BK TRUST DEPOSIT ACCT-RIS						
09/20/24 S	204,235.8900	1.0000	0	204,236 *	204,236	0
ISSUE: SA0000560 - TRUIST BK TRUST DEPOSIT ACCT-RIS						
10/15/24 B	622,219.6700	1.0000	0	-622,220 *	622,220	
ISSUE: SA0000560 - TRUIST BK TRUST DEPOSIT ACCT-RIS						
10/18/24 S	577,224.0000	1.0000	0	577,224 *	577,224	0
ISSUE: 258620566 - DOUBLELINE TTL RTRN BND-R6						
01/12/24 S	24,268.1180	8.8200	0	214,045 *	214,530	-485
ISSUE: 464287200 - ISHARES CORE S&P 500 ETF						
10/11/24 S	239.0000	579.5600	7	138,507 *	115,677	22,831
ISSUE: 464287226 - ISHARES CORE US AGGREGATE BOND ETF						
01/12/24 B	1,410.0000	99.1500	21	-139,823 *	139,823	
GRAND TOTAL			28	2,695,414	2,673,069	22,346

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

BROKER: MERRILL LYNCH PROFESSNL CLEAR

ISSUE: 464287226 - ISHARES CORE US AGGREGATE BOND ETF						
01/12/24 B	1,410.0000	99.1500	21	-139,823 *	139,823	



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 1160001983

PAGE 56

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
SUB-TOTAL			21	139,823	139,823	0
BROKER: THE WILLIAMS CAPITAL GROUP LP						
ISSUE: 464287200 - ISHARES CORE S&P 500 ETF						
02/20/24 B	148.0000	498.3775	2	-73,762	73,762	
ISSUE: 464287507 - ISHARES CORE S&P MID-CAP ETF						
02/20/24 S	263.0000	279.8208	5	73,588	72,890	698
SUB-TOTAL			7	147,350	146,652	698
BROKER: JONES TRADING INSTITUTAL SVC						
ISSUE: 92206C680 - VANGUARD RUSSELL 1000 GROWTH ETF						
01/12/24 B	534.0000	78.7076	8	-42,038	42,038	
ISSUE: 78468R663 - SPDR BLOOMBERG 1-3 MONTH T-BILL ETF						
10/08/24 S	1,162.0000	91.5350	15	106,349	106,254	95
SUB-TOTAL			23	148,387	148,292	95
BROKER: RBC CAPITAL MARKETS CORP						
ISSUE: 464287226 - ISHARES CORE US AGGREGATE BOND ETF						
09/19/24 B	970.0000	101.4950	15	-98,465	98,465	
ISSUE: 92206C680 - VANGUARD RUSSELL 1000 GROWTH ETF						
10/08/24 B	654.0000	96.6294	10	-63,205	63,205	
ISSUE: 464287200 - ISHARES CORE S&P 500 ETF						
10/10/24 S	43.0000	579.2452	1	24,906	20,812	4,094
SUB-TOTAL			26	186,576	182,482	4,094
BROKER: INTL TRADING INC.						
ISSUE: 464288638 - ISHARES 5-10Y INV GRADE CORP ETF						
10/08/24 B	2,001.0000	52.9488	30	-105,981	105,981	
ISSUE: 464288638 - ISHARES 5-10Y INV GRADE CORP ETF						
10/11/24 S	1,362.0000	52.8950	22	72,021	72,107	-86
SUB-TOTAL			52	178,002	178,088	-86



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 1160001983

PAGE 57

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
BROKER: INTERSTATE/NATALL						
ISSUE: 464287200 - ISHARES CORE S&P 500 ETF						
10/11/24 S	239.0000	579.5600	7	138,507 *	115,677	22,831
ISSUE: 464287226 - ISHARES CORE US AGGREGATE BOND ETF						
10/11/24 S	372.0000	99.4150	7	36,976	37,081	-106
ISSUE: 464287408 - ISHARES S&P 500 VALUE ETF						
10/11/24 S	115.0000	197.5600	2	22,717	20,945	1,772
ISSUE: 464287432 - ISHARES 20+ YEAR TREASURY BOND ETF						
10/11/24 S	193.0000	93.6000	3	18,061	19,096	-1,035
ISSUE: 921943858 - VANGUARD FTSE DEVELOPED MARKETS ETF						
10/11/24 S	295.0000	51.8450	5	15,289	15,243	47
ISSUE: 92206C680 - VANGUARD RUSSELL 1000 GROWTH ETF						
10/11/24 S	712.0000	97.3100	13	69,272	59,136	10,136
				-----	-----	-----
SUB-TOTAL			37	300,822	267,178	33,645
				-----	-----	-----
GRAND TOTAL			166	1,100,960	1,062,515	38,446

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

ISSUE: SA0000560 - TRUIST BK TRUST DEPOSIT ACCT-RIS

01/03/24 B	285.2400	1.0000	0	-285	285
01/09/24 B	14,731.0000	1.0000	0	-14,731	14,731
01/16/24 B	297,156.3700	1.0000	0	-297,156 *	297,156
02/02/24 B	325.7000	1.0000	0	-326	326
02/07/24 B	1,573.0000	1.0000	0	-1,573	1,573
03/04/24 B	185.9100	1.0000	0	-186	186
03/07/24 B	1,494.9100	1.0000	0	-1,495	1,495
03/26/24 B	342.6600	1.0000	0	-343	343
03/27/24 B	2,050.8000	1.0000	0	-2,051	2,051
03/27/24 B	14,731.0000	1.0000	0	-14,731	14,731
04/02/24 B	153.1800	1.0000	0	-153	153
04/05/24 B	1,562.1500	1.0000	0	-1,562	1,562
05/02/24 B	169.4300	1.0000	0	-169	169
05/07/24 B	1,560.6500	1.0000	0	-1,561	1,561



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 1160001983

PAGE 58

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
06/04/24 B	130.2800	1.0000	0	-130	130	
06/06/24 B	349.1400	1.0000	0	-349	349	
06/07/24 B	1,251.8000	1.0000	0	-1,252	1,252	
06/17/24 B	1,995.2300	1.0000	0	-1,995	1,995	
06/18/24 B	14,731.0000	1.0000	0	-14,731	14,731	
07/02/24 B	122.1700	1.0000	0	-122	122	
07/05/24 B	1,576.4400	1.0000	0	-1,576	1,576	
07/09/24 B	45,000.0000	1.0000	0	-45,000	45,000	
08/02/24 B	277.0500	1.0000	0	-277	277	
08/06/24 B	1,609.3700	1.0000	0	-1,609	1,609	
09/04/24 B	283.8100	1.0000	0	-284	284	
09/06/24 B	1,631.7900	1.0000	0	-1,632	1,632	
09/09/24 B	95,000.0000	1.0000	0	-95,000	95,000	
09/13/24 B	205,000.0000	1.0000	0	-205,000 *	205,000	
09/30/24 B	3,358.9400	1.0000	0	-3,359	3,359	
10/02/24 B	529.2100	1.0000	0	-529	529	
10/04/24 B	2,104.7900	1.0000	0	-2,105	2,105	
10/09/24 B	778.2700	1.0000	0	-778	778	
10/09/24 B	33,570.1000	1.0000	0	-33,570	33,570	
10/15/24 B	622,219.6700	1.0000	0	-622,220 *	622,220	
11/04/24 B	417.8800	1.0000	0	-418	418	
11/06/24 B	1,655.2600	1.0000	0	-1,655	1,655	
12/03/24 B	133.7200	1.0000	0	-134	134	
12/05/24 B	1,669.0400	1.0000	0	-1,669	1,669	
12/20/24 B	2,157.5000	1.0000	0	-2,158	2,158	
12/23/24 B	1,714.8200	1.0000	0	-1,715	1,715	
12/24/24 B	877.2100	1.0000	0	-877	877	
12/26/24 B	317.2200	1.0000	0	-317	317	
12/30/24 B	33,570.0000	1.0000	0	-33,570	33,570	
SUB-TOTAL OF BUYS # 43			0	1,410,353	1,410,353	
01/02/24 S	9,893.4600	1.0000	0	9,893	9,893	0
01/17/24 S	297,202.8400	1.0000	0	297,203 *	297,203	0
01/23/24 S	17,184.5600	1.0000	0	17,185	17,185	0
02/01/24 S	9,989.8800	1.0000	0	9,990	9,990	0
02/09/24 S	2,388.8500	1.0000	0	2,389	2,389	0
02/22/24 S	173.7600	1.0000	0	174	174	0
03/01/24 S	9,989.8800	1.0000	0	9,990	9,990	0
03/08/24 S	4,881.0000	1.0000	0	4,881	4,881	0
04/01/24 S	9,989.8800	1.0000	0	9,990	9,990	0
05/01/24 S	9,989.8800	1.0000	0	9,990	9,990	0
05/09/24 S	2,460.7600	1.0000	0	2,461	2,461	0
06/03/24 S	9,989.8800	1.0000	0	9,990	9,990	0
07/01/24 S	9,678.4500	1.0000	0	9,678	9,678	0
08/01/24 S	9,989.8800	1.0000	0	9,990	9,990	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 1160001983

PAGE 59

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
08/09/24 S	2,476.6900	1.0000	0	2,477	2,477	0
09/03/24 S	9,989.8800	1.0000	0	9,990	9,990	0
09/13/24 S	80,365.1300	1.0000	0	80,365	80,365	0
09/20/24 S	204,235.8900	1.0000	0	204,236 *	204,236	0
10/01/24 S	9,989.8800	1.0000	0	9,990	9,990	0
10/10/24 S	56,714.0000	1.0000	0	56,714	56,714	0
10/11/24 S	44,849.9000	1.0000	0	44,850	44,850	0
10/16/24 S	0.1000	1.0000	0	0	0	0
10/18/24 S	577,224.0000	1.0000	0	577,224 *	577,224	0
11/01/24 S	9,989.8800	1.0000	0	9,990	9,990	0
11/12/24 S	2,760.9500	1.0000	0	2,761	2,761	0
12/02/24 S	9,989.8800	1.0000	0	9,990	9,990	0
SUB-TOTAL OF SALES # 26			0	1,412,391	1,412,391	0
SUB-TOTAL			0	2,822,744	2,822,744	0
ISSUE: 256210105 - DODGE & COX INCOME FUND						
03/25/24 R	320.2100	12.4200	0	-3,977	3,977	
06/25/24 R	334.4610	12.4800	0	-4,174	4,174	
09/25/24 R	340.6350	12.9400	0	-4,408	4,408	
12/18/24 R	301.5290	12.4100	0	-3,742	3,742	
SUB-TOTAL OF REINVS # 4			0	16,301	16,301	
09/12/24 B	1,908.3970	13.1000	0	-25,000	25,000	
10/08/24 B	3,517.0000	12.7900	0	-44,982	44,982	
SUB-TOTAL OF BUYS # 2			0	69,982	69,982	
10/11/24 S	8,465.8820	12.7500	0	107,940	107,183	757
SUB-TOTAL OF SALES # 1			0	107,940	107,183	757
SUB-TOTAL			0	194,223	193,466	757
ISSUE: 258620566 - DOUBLELINE TTL RTRN BND-R6						
01/12/24 S	24,268.1180	8.8200	0	214,045 *	214,530	-485
SUB-TOTAL OF SALES # 1			0	214,045	214,530	-485



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 1160001983

PAGE 60

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
SUB-TOTAL			0	214,045	214,530	-485
ISSUE: 464287200 - ISHARES CORE S&P 500 ETF						
02/20/24 B	148.0000	498.3775	2	-73,762	73,762	
09/12/24 B	50.0000	557.7700	0	-27,889	27,889	
SUB-TOTAL OF BUYS # 2			2	101,651	101,651	
09/19/24 S	36.0000	573.4200	1	20,642	17,424	3,218
10/10/24 S	43.0000	579.2452	1	24,906	20,812	4,094
10/11/24 S	239.0000	579.5600	7	138,507 *	115,677	22,831
SUB-TOTAL OF SALES # 3			9	184,055	153,913	30,143
SUB-TOTAL			11	285,706	255,564	30,143
ISSUE: 464287226 - ISHARES CORE US AGGREGATE BOND ETF						
01/12/24 B	749.0000	99.0701	7	-74,211	74,211	
01/12/24 B	1,410.0000	99.1500	21	-139,823 *	139,823	
09/19/24 B	970.0000	101.4950	15	-98,465	98,465	
SUB-TOTAL OF BUYS # 3			43	312,499	312,499	
10/08/24 S	451.0000	99.6648	8	44,941	44,956	-15
10/11/24 S	372.0000	99.4150	7	36,976	37,081	-106
SUB-TOTAL OF SALES # 2			15	81,917	82,037	-121
SUB-TOTAL			58	394,416	394,536	-121
ISSUE: 464287408 - ISHARES S&P 500 VALUE ETF						
01/12/24 B	237.0000	173.5299	5	-41,131	41,131	
01/19/24 B	100.0000	171.8381	1	-17,185	17,185	
09/19/24 B	215.0000	196.3700	2	-42,221	42,221	
SUB-TOTAL OF BUYS # 3			8	100,537	100,537	
10/11/24 S	115.0000	197.5600	2	22,717	20,945	1,772



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 1160001983

PAGE 61

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
SUB-TOTAL OF SALES # 1			2	22,717	20,945	1,772
SUB-TOTAL			10	123,254	121,482	1,772
ISSUE: 464288638 - ISHARES 5-10Y INV GRADE CORP ETF						
10/08/24 B	2,001.0000	52.9488	30	-105,981	105,981	
10/10/24 B	850.0000	52.8750	13	-44,957	44,957	
SUB-TOTAL OF BUYS # 2			43	150,938	150,938	
10/11/24 S	1,362.0000	52.8950	22	72,021	72,107	-86
SUB-TOTAL OF SALES # 1			22	72,021	72,107	-86
SUB-TOTAL			65	222,959	223,045	-86
ISSUE: 78468R663 - SPDR BLOOMBERG 1-3 MONTH T-BILL ETF						
09/12/24 B	300.0000	91.5800	2	-27,476	27,476	
SUB-TOTAL OF BUYS # 1			2	27,476	27,476	
10/08/24 S	1,162.0000	91.5350	15	106,349	106,254	95
SUB-TOTAL OF SALES # 1			15	106,349	106,254	95
SUB-TOTAL			17	133,825	133,730	95
ISSUE: 92206C680 - VANGUARD RUSSELL 1000 GROWTH ETF						
01/12/24 B	534.0000	78.7076	8	-42,038	42,038	
09/19/24 B	145.0000	96.1100	1	-13,937	13,937	
10/08/24 B	654.0000	96.6294	10	-63,205	63,205	
SUB-TOTAL OF BUYS # 3			19	119,180	119,180	
10/11/24 S	712.0000	97.3100	13	69,272	59,136	10,136
SUB-TOTAL OF SALES # 1			13	69,272	59,136	10,136



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 1160001983

PAGE 62

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
			-----	-----	-----	-----
	SUB-TOTAL		32	188,452	178,316	10,136
			-----	-----	-----	-----
	GRAND TOTAL		193	4,579,624	4,537,413	42,211

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

BROKER: MERRILL LYNCH PROFESSNL CLEAR

ISSUE: 464287226 - ISHARES CORE US AGGREGATE BOND ETF						
01/12/24 B	1,410.0000	99.1500	21	-139,823 *	139,823	
			-----	-----	-----	-----
	SUB-TOTAL		21	139,823	139,823	0

BROKER: INTERSTATE/NATALL

ISSUE: 464287200 - ISHARES CORE S&P 500 ETF						
10/11/24 S	239.0000	579.5600	7	138,507 *	115,677	22,831
ISSUE: 464287226 - ISHARES CORE US AGGREGATE BOND ETF						
10/11/24 S	372.0000	99.4150	7	36,976	37,081	-106
ISSUE: 464287408 - ISHARES S&P 500 VALUE ETF						
10/11/24 S	115.0000	197.5600	2	22,717	20,945	1,772
ISSUE: 464287432 - ISHARES 20+ YEAR TREASURY BOND ETF						
10/11/24 S	193.0000	93.6000	3	18,061	19,096	-1,035
ISSUE: 921943858 - VANGUARD FTSE DEVELOPED MARKETS ETF						
10/11/24 S	295.0000	51.8450	5	15,289	15,243	47
ISSUE: 92206C680 - VANGUARD RUSSELL 1000 GROWTH ETF						
10/11/24 S	712.0000	97.3100	13	69,272	59,136	10,136
			-----	-----	-----	-----
	SUB-TOTAL		37	300,822	267,178	33,645
			-----	-----	-----	-----
	GRAND TOTAL		58	440,645	407,001	33,645



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 1160001983

PAGE 63

FAMILY SERVICES INC PENSION PLAN

<u>DATE</u> <u>BOUGHT/SOLD</u>	<u>SHARES</u> <u>PAR VALUE</u>	<u>UNIT</u> <u>PRICE</u>	<u>EXPENSE</u> <u>INCURRED</u>	<u>PRINCIPAL CASH</u>	<u>ERISA COST</u>	<u>ERISA COST</u> <u>GAIN/LOSS</u>
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F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

D I S C L A I M E R S

THESE WORKSHEETS ARE PROVIDED TO ASSIST WITH THE PREPARATION OF IRS FORM 5500, SCHEDULE H. THE WORKSHEETS PRESENT ASSET AND TRANSACTION ACTIVITY MAPPED TO SCHEDULE H REPORTING ITEMS FROM THE ACCOUNTING SYSTEM; HOWEVER, THE WORKSHEETS HAVE NOT BEEN AUDITED AND ARE NOT CERTIFIED BY TRUIST. PERSONS PREPARING SCHEDULE H ARE RESPONSIBLE FOR THE ACCURACY OF INFORMATION REPORTED THEREON.

Statement of Actuarial Assumptions/Methods

Liability Discount Rates

Funding: 24-month segment rates, averaged through the end of August and published in September.

	Before Funding Relief	Reflecting Funding Relief
1. First rate, years 1-5	3.62%	4.75%
2. Second rate, years 6-20	4.46%	4.87%
3. Third rate, years 21+	4.52%	5.59%
4. Effective Interest Rate using the above rates	4.44%	5.14%

PBGC: Three-tiered segment rates, based on the sponsor’s election as of January 1, 2021 to use the alternative method.

1. First rate, years 1-5	3.62%
2. Second rate, years 6-20	4.46%
3. Third rate, years 21+	4.52%
4. Effective Interest Rate using the above rates	4.44%

ASC 960-20: A single rate of 6.25%, based on the expected long-term rate of return on plan assets.

Low-Default-Risk Assessment: Funding interest rates (before funding relief) shown above.

Long-Term Rate of Return on Plan Assets

Funding: N/A

ASC 960-20: 6.25%

Annual Increases to Social Security

	<u>Taxable Wage Base</u>	<u>Cost of Living Index</u>	<u>Average Earnings</u>
Funding:	N/A	N/A	N/A
ASC 960-20:	N/A	N/A	N/A

Employees Valued

Only participants as of the valuation date as reported by the plan sponsor were valued.

Salary Scale

None assumed, due to the plan freeze as of June 30, 2010.

Assumptions Regarding Future Service Accruals

For active participants, hours worked in each future year are assumed to be equal to the number of hours worked in the previous plan year.

Mortality Rates

Funding: Pri-2012 Mortality Table as described under Regulation §1.430(h)(3)-1 (static, not generational) projected by modified Scale MP-2021, sex-distinct, with the same rates pre- and post-commencement.

ASC 960-20: Pri-2012 Amount-Weighted Mortality Table (generational, not static) projected by Scale MP-2021, sex-distinct, with separate rates pre- and post-commencement.

Retirement Rates

100% at age 65.

Termination Rates

300% of T-5 Rates of withdrawal (see sample rates below):

<u>Age</u>	<u>Probability of Termination</u>
25	23.2%
30	21.7%
35	18.8%
40	15.5%
45	11.9%
50	7.7%
55+	2.8%

Disability Rates

None assumed.

Assumptions Made in Valuing Spousal Benefits

Male spouses are assumed to be 3 years older than female spouses.

It is assumed that 80 percent of Participants are married.

Assumptions Made Regarding Death Benefits

Commencement of all pre-retirement death benefits have been assumed to be deferred to the participant's early retirement age.

Assumptions Made Regarding Payment Form

100% of active participants and vested former participants or beneficiaries entitled to deferred benefits are assumed to receive benefits as a life annuity.

Provisions Not Valued

The disability benefit for active participants, as well as the death benefit for terminated vested participants, have not been valued. Also, post-termination, pre-retirement spousal death benefits are not valued. Due to the small liability added by these benefits, they have been deemed to be immaterial for valuation purposes.

Provision for Expenses

The administrative expenses expected to be paid from plan assets have been included in the Target Normal Cost for minimum contribution purposes. Expected expenses for the current plan year are assumed to be equal to the actual expenses for the previous plan year.

Actuarial Cost Method

Funding: The actuarial cost method prescribed by applicable regulations is the Unit Credit cost method. Under this cost method, a liability is calculated for each participant as of the valuation date equal to the present value of the accrued benefit as of the valuation date. The liabilities are referred to as the Funding Target. The present value of benefits earned during the plan year following the valuation date is calculated for each active participant who has not reached normal retirement age and is expected to earn a benefit during the year. This present value is the individual participant's Target Normal Cost. The plan's total annual Funding Target and Target Normal Cost are the sums of the amounts for individual participants. Estimated plan administrative expenses expected to be paid from plan assets in the upcoming year are also included as part of the Target Normal Cost.

ASC 960-20: The actuarial cost method prescribed by ASC 960 is the Unit Credit cost method. Under this cost method, a liability is calculated for each participant as of the valuation date equal to the present value of the accrued benefit as of the valuation date. The liabilities are referred to as the Present Value of Accumulated Plan Benefits, or PVAB. The plan's total annual PVAB is the sum of the amounts for individual participants.

Low-Default-Risk Assessment: Unit Credit Cost Method was used due to the plan being frozen.

Attribution of Accrued Benefits: The accrual of benefits outlined in the plan document has been reflected in the attribution of benefits under the actuarial cost methods for funding and accounting purposes above.

Asset Method

Funding: Market value of all trust investments plus any discounted receivable contributions as of the valuation date.

ASC 960-20: Market value of all trust investments plus any receivable contributions for the prior plan year.

At-Risk Assumptions

Since there are not more than 500 participants participating in defined benefit pension plans of the employer's controlled group, at-risk liabilities have not been valued.

Rationale for the Selection of Assumptions

Assumptions that in our judgement have a significant effect on the measurements contained in this report are categorized below, along with information and analyses that support the determination that the assumption is reasonable.

Assumptions Selected by the Actuary

Decrements other than mortality and retirement: These assumptions are chosen to be reasonably reflective of expected future rates of termination and disability for the group. While a formal study has not been undertaken, we monitor gains and losses annually to ensure that the assumptions are reasonable.

Retirement decrement: This assumption has been selected due to the small size of the population and the lack of credible data to provide a more detailed assumption.

Rationale for the Selection of Assumptions (continued)

Expected return on plan assets: This rate is selected based on the outlook for returns within the main classes of investments (those being debt, equity, and cash), considering past experience as well as current market expectations over an appropriate timeframe. We confer with the plan's asset advisors, when possible, to gather input for the assumption and their opinion as to its reasonableness. We monitor asset gains and losses annually to assure that the assumption is reasonable.

Discount rate: For purposes of measuring the low-default-risk obligation, this assumption is set to reflect the return on low-default-risk securities and to reflect the incidence of future cash flows from the plan, appropriately.

Assumptions Selected by Other Parties (which are prescribed or set by law)

For assumptions prescribed or set by law, we offer no opinion or analysis on the reasonableness of the assumptions.

Changes in Assumptions since the Last Actuarial Valuation

Funding: The three-tiered segment interest rates used to determine the Funding Target Liability last year were 4.75%, 5.00%, and 5.74%. These rates were updated to the rates required for the current plan year and also reflect all applicable funding relief legislation. The mortality tables for the Funding Target Liability were changed to used combined rates pre and post commencement and were updated as required under Regulation §1.430(h)(3)-1.

ASC 960-20: The discount rate was increased from 6.00% to 6.25% and the underlying interest rates used to convert life annuities to lump sum payments were updated to the IRS-prescribed rates for the 2024 plan year. The mortality table was updated to the most-recent available table (Pri-2012, as detailed above).

All Purposes: The long-term rate of return on plan assets was increased from 6.00% to 6.25%.

Justification for Changes in Funding Actuarial Assumptions

For funding calculation purposes, assumption changes, other than those prescribed by law, did not result in a decrease in the plan's funding shortfall (if any) by more than \$5,000,000 or more than 5% of the pre-change funding target, therefore, the plan did not need IRS approval to change assumptions.

EMPLOYEE BENEFIT PLAN OF FAMILY SERVICES, INC.
SUPPLEMENTAL SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2024

Form 5500, Schedule H, Line 4j:
 EIN: 56-0689235
 Plan Number: 003

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
<u>Identity of party involved</u>	<u>Description of asset (including interest rate and maturity in case of a loan)</u>	<u>Purchase price</u>	<u>Selling price</u>	<u>Expense incurred with transaction</u>	<u>Cost of asset</u>	<u>Current value of asset on transaction date</u>	<u>Net gain or (loss)</u>
Category (1) - Single transaction exceeds 5% of Plan assets							
Please see appendix A							
Category (2) - Series of non-security transactions with same party in excess of 5% of Plan assets							
Please see appendix A							
Category (3) - Series of transactions in same security exceeds 5% of Plan assets							
Please see appendix A							
Category (4) - Single transaction with one broker exceeds 5% of Plan assets							
Please see appendix A							
Column (e) omitted as not applicable.							

APPENDIX A



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 1160001983

PAGE 56

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
SUB-TOTAL			21	139,823	139,823	0
BROKER: THE WILLIAMS CAPITAL GROUP LP						
ISSUE: 464287200 - ISHARES CORE S&P 500 ETF						
02/20/24 B	148.0000	498.3775	2	-73,762	73,762	
ISSUE: 464287507 - ISHARES CORE S&P MID-CAP ETF						
02/20/24 S	263.0000	279.8208	5	73,588	72,890	698
SUB-TOTAL			7	147,350	146,652	698
BROKER: JONES TRADING INSTITUTAL SVC						
ISSUE: 92206C680 - VANGUARD RUSSELL 1000 GROWTH ETF						
01/12/24 B	534.0000	78.7076	8	-42,038	42,038	
ISSUE: 78468R663 - SPDR BLOOMBERG 1-3 MONTH T-BILL ETF						
10/08/24 S	1,162.0000	91.5350	15	106,349	106,254	95
SUB-TOTAL			23	148,387	148,292	95
BROKER: RBC CAPITAL MARKETS CORP						
ISSUE: 464287226 - ISHARES CORE US AGGREGATE BOND ETF						
09/19/24 B	970.0000	101.4950	15	-98,465	98,465	
ISSUE: 92206C680 - VANGUARD RUSSELL 1000 GROWTH ETF						
10/08/24 B	654.0000	96.6294	10	-63,205	63,205	
ISSUE: 464287200 - ISHARES CORE S&P 500 ETF						
10/10/24 S	43.0000	579.2452	1	24,906	20,812	4,094
SUB-TOTAL			26	186,576	182,482	4,094
BROKER: INIL TRADING INC.						
ISSUE: 464288638 - ISHARES 5-10Y INV GRADE CORP ETF						
10/08/24 B	2,001.0000	52.9488	30	-105,981	105,981	
ISSUE: 464288638 - ISHARES 5-10Y INV GRADE CORP ETF						
10/11/24 S	1,362.0000	52.8950	22	72,021	72,107	-86
SUB-TOTAL			52	178,002	178,088	-86



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 1160001983

PAGE 57

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
BROKER: INTERSTATE/NATALL						
ISSUE: 464287200 - ISHARES CORE S&P 500 ETF						
10/11/24 S	239.0000	579.5600	7	138,507 *	115,677	22,831
ISSUE: 464287226 - ISHARES CORE US AGGREGATE BOND ETF						
10/11/24 S	372.0000	99.4150	7	36,976	37,081	-106
ISSUE: 464287408 - ISHARES S&P 500 VALUE ETF						
10/11/24 S	115.0000	197.5600	2	22,717	20,945	1,772
ISSUE: 464287432 - ISHARES 20+ YEAR TREASURY BOND ETF						
10/11/24 S	193.0000	93.6000	3	18,061	19,096	-1,035
ISSUE: 921943858 - VANGUARD FTSE DEVELOPED MARKETS ETF						
10/11/24 S	295.0000	51.8450	5	15,289	15,243	47
ISSUE: 92206C680 - VANGUARD RUSSELL 1000 GROWTH ETF						
10/11/24 S	712.0000	97.3100	13	69,272	59,136	10,136
SUB-TOTAL			37	300,822	267,178	33,645
GRAND TOTAL			166	1,100,960	1,062,515	38,446

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

ISSUE: SA0000560 - TRUIST BK TRUST DEPOSIT ACCT-RIS

01/03/24 B	285.2400	1.0000	0	-285	285
01/09/24 B	14,731.0000	1.0000	0	-14,731	14,731
01/16/24 B	297,156.3700	1.0000	0	-297,156 *	297,156
02/02/24 B	325.7000	1.0000	0	-326	326
02/07/24 B	1,573.0000	1.0000	0	-1,573	1,573
03/04/24 B	185.9100	1.0000	0	-186	186
03/07/24 B	1,494.9100	1.0000	0	-1,495	1,495
03/26/24 B	342.6600	1.0000	0	-343	343
03/27/24 B	2,050.8000	1.0000	0	-2,051	2,051
03/27/24 B	14,731.0000	1.0000	0	-14,731	14,731
04/02/24 B	153.1800	1.0000	0	-153	153
04/05/24 B	1,562.1500	1.0000	0	-1,562	1,562
05/02/24 B	169.4300	1.0000	0	-169	169
05/07/24 B	1,560.6500	1.0000	0	-1,561	1,561

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
06/04/24 B	130.2800	1.0000	0	-130	130	
06/06/24 B	349.1400	1.0000	0	-349	349	
06/07/24 B	1,251.8000	1.0000	0	-1,252	1,252	
06/17/24 B	1,995.2300	1.0000	0	-1,995	1,995	
06/18/24 B	14,731.0000	1.0000	0	-14,731	14,731	
07/02/24 B	122.1700	1.0000	0	-122	122	
07/05/24 B	1,576.4400	1.0000	0	-1,576	1,576	
07/09/24 B	45,000.0000	1.0000	0	-45,000	45,000	
08/02/24 B	277.0500	1.0000	0	-277	277	
08/06/24 B	1,609.3700	1.0000	0	-1,609	1,609	
09/04/24 B	283.8100	1.0000	0	-284	284	
09/06/24 B	1,631.7900	1.0000	0	-1,632	1,632	
09/09/24 B	95,000.0000	1.0000	0	-95,000	95,000	
09/13/24 B	205,000.0000	1.0000	0	-205,000 *	205,000	
09/30/24 B	3,358.9400	1.0000	0	-3,359	3,359	
10/02/24 B	529.2100	1.0000	0	-529	529	
10/04/24 B	2,104.7900	1.0000	0	-2,105	2,105	
10/09/24 B	778.2700	1.0000	0	-778	778	
10/09/24 B	33,570.1000	1.0000	0	-33,570	33,570	
10/15/24 B	622,219.6700	1.0000	0	-622,220 *	622,220	
11/04/24 B	417.8800	1.0000	0	-418	418	
11/06/24 B	1,655.2600	1.0000	0	-1,655	1,655	
12/03/24 B	133.7200	1.0000	0	-134	134	
12/05/24 B	1,669.0400	1.0000	0	-1,669	1,669	
12/20/24 B	2,157.5000	1.0000	0	-2,158	2,158	
12/23/24 B	1,714.8200	1.0000	0	-1,715	1,715	
12/24/24 B	877.2100	1.0000	0	-877	877	
12/26/24 B	317.2200	1.0000	0	-317	317	
12/30/24 B	33,570.0000	1.0000	0	-33,570	33,570	
SUB-TOTAL OF BUYS # 43			0	1,410,353	1,410,353	
01/02/24 S	9,893.4600	1.0000	0	9,893	9,893	0
01/17/24 S	297,202.8400	1.0000	0	297,203 *	297,203	0
01/23/24 S	17,184.5600	1.0000	0	17,185	17,185	0
02/01/24 S	9,989.8800	1.0000	0	9,990	9,990	0
02/09/24 S	2,388.8500	1.0000	0	2,389	2,389	0
02/22/24 S	173.7600	1.0000	0	174	174	0
03/01/24 S	9,989.8800	1.0000	0	9,990	9,990	0
03/08/24 S	4,881.0000	1.0000	0	4,881	4,881	0
04/01/24 S	9,989.8800	1.0000	0	9,990	9,990	0
05/01/24 S	9,989.8800	1.0000	0	9,990	9,990	0
05/09/24 S	2,460.7600	1.0000	0	2,461	2,461	0
06/03/24 S	9,989.8800	1.0000	0	9,990	9,990	0
07/01/24 S	9,678.4500	1.0000	0	9,678	9,678	0
08/01/24 S	9,989.8800	1.0000	0	9,990	9,990	0

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS	
08/09/24 S	2,476.6900	1.0000	0	2,477	2,477	0	
09/03/24 S	9,989.8800	1.0000	0	9,990	9,990	0	
09/13/24 S	80,365.1300	1.0000	0	80,365	80,365	0	
09/20/24 S	204,235.8900	1.0000	0	204,236 *	204,236	0	
10/01/24 S	9,989.8800	1.0000	0	9,990	9,990	0	
10/10/24 S	56,714.0000	1.0000	0	56,714	56,714	0	
10/11/24 S	44,849.9000	1.0000	0	44,850	44,850	0	
10/16/24 S	0.1000	1.0000	0	0	0	0	
10/18/24 S	577,224.0000	1.0000	0	577,224 *	577,224	0	
11/01/24 S	9,989.8800	1.0000	0	9,990	9,990	0	
11/12/24 S	2,760.9500	1.0000	0	2,761	2,761	0	
12/02/24 S	9,989.8800	1.0000	0	9,990	9,990	0	
SUB-TOTAL OF SALES # 26				0	1,412,391	1,412,391	0
SUB-TOTAL				0	2,822,744	2,822,744	0
ISSUE: 256210105 - DODGE & COX INCOME FUND							
03/25/24 R	320.2100	12.4200	0	-3,977	3,977		
06/25/24 R	334.4610	12.4800	0	-4,174	4,174		
09/25/24 R	340.6350	12.9400	0	-4,408	4,408		
12/18/24 R	301.5290	12.4100	0	-3,742	3,742		
SUB-TOTAL OF REINVS # 4				0	16,301	16,301	
09/12/24 B	1,908.3970	13.1000	0	-25,000	25,000		
10/08/24 B	3,517.0000	12.7900	0	-44,982	44,982		
SUB-TOTAL OF BUYS # 2				0	69,982	69,982	
10/11/24 S	8,465.8820	12.7500	0	107,940	107,183	757	
SUB-TOTAL OF SALES # 1				0	107,940	107,183	757
SUB-TOTAL				0	194,223	193,466	757
ISSUE: 258620566 - DOUBLELINE TTL RTRN BND-R6							
01/12/24 S	24,268.1180	8.8200	0	214,045 *	214,530	-485	
SUB-TOTAL OF SALES # 1				0	214,045	214,530	-485



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 1160001983

PAGE 60

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
SUB-TOTAL			0	214,045	214,530	-485
ISSUE: 464287200 - ISHARES CORE S&P 500 ETF						
02/20/24 B	148.0000	498.3775	2	-73,762	73,762	
09/12/24 B	50.0000	557.7700	0	-27,889	27,889	
SUB-TOTAL OF BUYS # 2			2	101,651	101,651	
09/19/24 S	36.0000	573.4200	1	20,642	17,424	3,218
10/10/24 S	43.0000	579.2452	1	24,906	20,812	4,094
10/11/24 S	239.0000	579.5600	7	138,507 *	115,677	22,831
SUB-TOTAL OF SALES # 3			9	184,055	153,913	30,143
SUB-TOTAL			11	285,706	255,564	30,143
ISSUE: 464287226 - ISHARES CORE US AGGREGATE BOND ETF						
01/12/24 B	749.0000	99.0701	7	-74,211	74,211	
01/12/24 B	1,410.0000	99.1500	21	-139,823 *	139,823	
09/19/24 B	970.0000	101.4950	15	-98,465	98,465	
SUB-TOTAL OF BUYS # 3			43	312,499	312,499	
10/08/24 S	451.0000	99.6648	8	44,941	44,956	-15
10/11/24 S	372.0000	99.4150	7	36,976	37,081	-106
SUB-TOTAL OF SALES # 2			15	81,917	82,037	-121
SUB-TOTAL			58	394,416	394,536	-121
ISSUE: 464287408 - ISHARES S&P 500 VALUE ETF						
01/12/24 B	237.0000	173.5299	5	-41,131	41,131	
01/19/24 B	100.0000	171.8381	1	-17,185	17,185	
09/19/24 B	215.0000	196.3700	2	-42,221	42,221	
SUB-TOTAL OF BUYS # 3			8	100,537	100,537	
10/11/24 S	115.0000	197.5600	2	22,717	20,945	1,772

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
SUB-TOTAL OF SALES # 1			2	22,717	20,945	1,772
SUB-TOTAL			10	123,254	121,482	1,772
ISSUE: 464288638 - ISHARES 5-10Y INV GRADE CORP ETF						
10/08/24 B	2,001.0000	52.9488	30	-105,981	105,981	
10/10/24 B	850.0000	52.8750	13	-44,957	44,957	
SUB-TOTAL OF BUYS # 2			43	150,938	150,938	
10/11/24 S	1,362.0000	52.8950	22	72,021	72,107	-86
SUB-TOTAL OF SALES # 1			22	72,021	72,107	-86
SUB-TOTAL			65	222,959	223,045	-86
ISSUE: 78468R663 - SPDR BLOOMBERG 1-3 MONTH T-BILL ETF						
09/12/24 B	300.0000	91.5800	2	-27,476	27,476	
SUB-TOTAL OF BUYS # 1			2	27,476	27,476	
10/08/24 S	1,162.0000	91.5350	15	106,349	106,254	95
SUB-TOTAL OF SALES # 1			15	106,349	106,254	95
SUB-TOTAL			17	133,825	133,730	95
ISSUE: 92206C680 - VANGUARD RUSSELL 1000 GROWTH ETF						
01/12/24 B	534.0000	78.7076	8	-42,038	42,038	
09/19/24 B	145.0000	96.1100	1	-13,937	13,937	
10/08/24 B	654.0000	96.6294	10	-63,205	63,205	
SUB-TOTAL OF BUYS # 3			19	119,180	119,180	
10/11/24 S	712.0000	97.3100	13	69,272	59,136	10,136
SUB-TOTAL OF SALES # 1			13	69,272	59,136	10,136

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
			-----	-----	-----	-----
	SUB-TOTAL		32	188,452	178,316	10,136
			-----	-----	-----	-----
	GRAND TOTAL		193	4,579,624	4,537,413	42,211

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

BROKER: MERRILL LYNCH PROFESSNL CLEAR

ISSUE: 464287226 - ISHARES CORE US AGGREGATE BOND ETF						
01/12/24 B	1,410.0000	99.1500	21	-139,823 *	139,823	
			-----	-----	-----	-----
	SUB-TOTAL		21	139,823	139,823	0

BROKER: INTERSTATE/NATALL

ISSUE: 464287200 - ISHARES CORE S&P 500 ETF						
10/11/24 S	239.0000	579.5600	7	138,507 *	115,677	22,831
ISSUE: 464287226 - ISHARES CORE US AGGREGATE BOND ETF						
10/11/24 S	372.0000	99.4150	7	36,976	37,081	-106
ISSUE: 464287408 - ISHARES S&P 500 VALUE ETF						
10/11/24 S	115.0000	197.5600	2	22,717	20,945	1,772
ISSUE: 464287432 - ISHARES 20+ YEAR TREASURY BOND ETF						
10/11/24 S	193.0000	93.6000	3	18,061	19,096	-1,035
ISSUE: 921943858 - VANGUARD FTSE DEVELOPED MARKETS ETF						
10/11/24 S	295.0000	51.8450	5	15,289	15,243	47
ISSUE: 92206C680 - VANGUARD RUSSELL 1000 GROWTH ETF						
10/11/24 S	712.0000	97.3100	13	69,272	59,136	10,136
			-----	-----	-----	-----
	SUB-TOTAL		37	300,822	267,178	33,645
			-----	-----	-----	-----
	GRAND TOTAL		58	440,645	407,001	33,645

FAMILY SERVICES INC PENSION PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
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FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

DISCLAIMERS

THESE WORKSHEETS ARE PROVIDED TO ASSIST WITH THE PREPARATION OF IRS FORM 5500, SCHEDULE H. THE WORKSHEETS PRESENT ASSET AND TRANSACTION ACTIVITY MAPPED TO SCHEDULE H REPORTING ITEMS FROM THE ACCOUNTING SYSTEM; HOWEVER, THE WORKSHEETS HAVE NOT BEEN AUDITED AND ARE NOT CERTIFIED BY TRUIST. PERSONS PREPARING SCHEDULE H ARE RESPONSIBLE FOR THE ACCURACY OF INFORMATION REPORTED THEREON.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan EMPLOYEE BENEFITS PLAN OF FAMILY SERVICES, INC.		B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FAMILY SERVICES, INC.		D Employer Identification Number (EIN) 56-0689235	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value.....		2a	2,689,886
b Actuarial value.....		2b	2,689,886
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	34	1,343,975	1,343,975
b For terminated vested participants.....	60	1,432,465	1,432,465
c For active participants.....	16	519,597	523,063
d Total.....	110	3,296,037	3,299,503
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....		5	5.14%
6 Target normal cost			
a Present value of current plan year accruals.....		6a	0
b Expected plan-related expenses.....		6b	23,311
c Target normal cost.....		6c	23,311

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Myiah L. Gauntlett <i>M.G.</i>	09/08/2025
	Signature of actuary	Date
	Myiah L. Gauntlett, ASA, MAAA, EA	2308048
	Type or print name of actuary	Most recent enrollment number
	McGriff, A Marsh & McLennan Company	336-291-1176
	Firm name	Telephone number (including area code)
	3318 West Friendly Avenue Suite 400 GREENSBORO NC 27410	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule SB (Form 5500) 2024
v. 240311

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 23,311

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment.....	609,617	62,658
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 85,969

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....			85,969
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			103,193
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36).....			17,224
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			0
40 Unpaid minimum required contributions for all years.....			0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Discounted Employer Contributions

The schedule below shows the dates and amounts of each individual contribution, the portions of each individual contribution applied (in the event late interest is owed on a portion of the individual contribution), the year to which each individual contribution (or each portion of an individual contribution) is applied, the applicable interest rate(s) applied, the period for which each interest rate is applied, and the resulting interest-adjusted contribution amounts.

	Date	Contribution	Amount Applied	Year Applied	First Discount Period		Second Discount Period		Interest-Adjusted Contribution	
					Rate	Period	Rate	Period		
1.	07/09/24	\$ 40,000	\$ 19,343	2024	10.14%	07/09/24 – 04/15/24	5.14%	04/15/24 – 01/01/24	\$ 18,644	
			20,657	2024	5.14%	07/09/24 – 01/01/24			20,127	
2.	10/09/24	15,778	15,778	2024	5.14%	10/09/24 – 01/01/24			15,180	
3.	10/16/24	17,792	2,251	2024	10.14%	10/16/24 – 10/15/24	5.14%	10/15/24 – 01/01/24	2,163	
			15,541	2024	5.14%	10/16/24 – 01/01/24			14,938	
4.	12/30/24	33,570	33,570	2024	5.14%	12/30/24 – 01/01/24			31,938	
		\$ 107,140	\$ 107,140							\$ 102,990

2024 Form 5500 Filing

Attachment Explaining Amended Filing

Plan Sponsor Name: Family Services, Inc.

EIN: 56-0689235

Plan Name: Employee Benefits Plan of Family Services, Inc.

Plan #: 003

The accountant's opinion for the above referenced benefit plan was not completed at the time of the original filing of the 2024 Form 5500. This amended filing contains the accountant's opinion and associated attachments to the Schedule H.

Summary of Plan Provisions

Plan Sponsor

Family Services, Inc.

EIN/PN

56-0689235 / 003

Effective Date

January 1, 1981. Last restated effective January 1, 2015 and last amended on January 1, 2015.

Plan Year

The 12-consecutive month period beginning each January 1.

Participation

All employees become Participants of this Plan after completion of one year of service, and attainment of age 21. Service with an organization in the health and social service field counts towards the service requirement for eligibility if within the 3-year period immediately preceding his/her employment with the Employer. Effective June 30, 2010, no additional employees will be eligible to enter the plan.

Compensation

Compensation includes all wages, salaries, fees and amounts received for personal service rendered in the course of employment prior to June 30, 2010. Compensation includes contributions made to a salary reduction or deferred compensation plan. Prior to 2002, compensation for any plan year, for benefit purposes, is limited to \$150,000 adjusted for increases prescribed by the Secretary of the Treasury. For the 2002 plan year, EGTRRA increased the limit prospectively to \$200,000 annually. For years after 2002, the \$200,000 limit will be indexed for inflation.

Average Compensation

The highest average monthly compensation for 36 consecutive months within the last consecutive 120 months of service, but shall not include any compensation earned after June 30, 2010.

Qualifying Year of Service

An eligibility computation period during which an employee completes at least 1,000 hours of Service.

Vesting Service

All Participants shall be vested according to the following schedule:

<u>Years of Service</u>	<u>Percent Vested</u>
0	0
1	0
2	0
3	0
4	0
5	100

Participants are 100% vested upon reaching Early Retirement Age and Normal Retirement Age.

Benefit Service

All years and months of employment after completing the eligibility requirements. Effective June 30, 2010, Benefit Accrual Service shall cease to accrue under this plan for all participants.

Social Security Covered Compensation

Monthly average of the Social Security Taxable Wage Bases for the 35 calendar years ending with the year the Participant attains Social Security Retirement Age.

Accrued Benefit

The Frozen Accrued Benefit as of December 31, 1988 determined under the provisions of the Plan then in effect. The Frozen Accrued Benefit is reduced by the retirement benefit provided by a prior plan of this Employer, or a plan of a Prior Employer attributable to Benefit Accrual Service also recognized by this Plan.

The monthly Normal Retirement benefit is determined as the greater of (A) or (B):

- (A) The Frozen Accrued Benefit noted above;
- (B) The sum of 1.375% of Final Average Earnings multiplied by Benefit Accrual Service and 0.5% of Final Average Earnings in excess of the Social Security Average Monthly Wage multiplied by Benefit Accrual Service not greater than 35.

The Accrued Benefit is computed under the Benefit Formula above using Final Average Earnings and Social Security Average Monthly Wage at date of determination assuming the Participant continues to earn Benefit Accrual Service until his Normal Retirement Age or date of determination, if later, and adjusted as follows: The portion of the retirement benefit based on total Benefit Accrual Service (item (B) in the Benefit Formula above) is multiplied by a fraction (not to exceed one) equal to actual Benefit Accrual Service divided by projected Benefit Accrual Service at Normal Retirement Age or date of determination, if later. Effective June 30, 2010, Accrued Benefit is frozen under this plan for all participants.

Normal Retirement Benefit

Eligibility

The first of the month coincident with or next following the Participant's 65th birthday.

Monthly Benefit

The Accrued Benefit calculated at the normal retirement date.

Delayed Retirement Benefit

Eligibility

The first of any month following Normal Retirement Date on which the Participant elects to retire.

Monthly Benefit

The benefit is based on the Accrued Benefit reflecting Final Average Earnings and Benefit Accrual Service to the Deferred Retirement Date, or the Participant's benefit at severance of employment increased by 1% of the original amount for each calendar month that commencement is deferred before the calendar month in which he attains age 67 and by 1.5% of the original amount for each calendar month that his commencement is deferred on or after the calendar month in which he attains 67.

Early Retirement Benefit

Eligibility

The first of any month on or after attainment of age 55 (but before age 65), on which the Participant elects to retire.

Monthly Benefit

The Accrued Benefit reduced by 1/15 for each of the first 5 years and 1/30 for each of the next 5 years by which the Early Retirement Date precedes the Normal Retirement Date. A Participant with 25 “years of service” may retire early at age 62 with no reduction in Accrued Benefit, or reductions of 1/15 for each of the first 5 years and 1/30 for each of the next 2 years by which the Early Retirement Date precedes age 62. For this purpose “years of service” means years of employment with the Employer.

Disability Benefit

Eligibility

Ceases to be an employee due to disability, is permanently and totally disabled and is unable to continue in his occupation. Such disability must meet the criteria for disability under Social Security and has lasted or expected to last for a period no less than 12 months.

Monthly Benefit

Accrued benefit where periods of disability while a participant receives a Social Security Disability Income are also counted as Benefit Accrual Service excluding the first six months of disability and ending on Normal or Early Retirement Date. The compensation rate in effect immediately prior to disability is assumed to continue while disabled. Such compensation rate shall not exceed 120% of the compensation rate in effect one year prior to disability.

Termination Benefit

Eligibility

Termination of employment prior to retirement with at least 5 years of Vesting Service.

Monthly Benefit

The vested Accrued Benefit commences in full at age 65, or in a reduced amount at any time after attainment of age 55, reduced in accordance with the Early Retirement Benefit provisions.

Pre-Retirement Death Benefit

Eligibility

The deceased participant must have attained a vested right to a benefit from the plan prior to their date of death.

Monthly Benefit for Participants who Die Prior to their Earliest Retirement Date

If a fully vested terminated participant dies before retirement benefits have begun, the annual death benefit payable to the spouse is equal to the survivor portion of the vested Accrued Benefit, reduced for early commencement, and adjusted to the Joint and 66 2/3% Survivor Annuity and 120 month guarantee form of payment.

Monthly Benefit for Participants who Die After their Earliest Retirement Date

If a Participant dies while still employed, then their surviving spouse is entitled to the present value of the Participant’s full benefit. If such active Participant was over the age of 55, then the surviving spouse may receive their death benefit in the form of a single lump sum payment.

Normal Form of Benefit

A non-refund monthly life annuity. For a married Participant, a monthly Joint and 66 2/3% Survivor with 120 months certain and continuous annuity form of payment.

Optional Forms

A Participant may elect to receive the annuity under one of the following Actuarially Equivalent optional forms:

- A life annuity with full cash refund, with modified cash refund, or with no cash refund.
- A reduced benefit is paid to the Participant while the Participant and the surviving spouse are both living, with such benefit (50%, 66²/₃%, 75% or 100% of such benefit thereof) continued after the death of the Participant, payable for the subsequent lifetime of the surviving spouse.
- A reduced benefit is paid to the Participant for life, with 36, 60, 100, 120, or 180 monthly payments guaranteed. If the Participant dies within the guarantee period, the payments continue to a beneficiary until 36, 60, 100, 120, or 180 have been paid.
- A reduced benefit is paid to the Participant while the Participant and the surviving spouse are both living, with such benefit (50%, 66²/₃%, 75% or 100% of such benefit thereof) continued after the death of the Participant, payable for the subsequent lifetime of the surviving spouse and with a certain number of payments guaranteed. The Participant may choose from 36, 60, 120, or 180 monthly payments guaranteed.
- A lump sum payment of the Actuarial Equivalence of the Participant's retirement benefit.

Annuity forms of payment are converted from the life annuity form using the 1983 IAM Table for Female Mortality and 8.50% interest.

Benefits Available as a Lump Sum

The Plan allows Participants to receive a single lump sum in lieu of a monthly annuity at retirement. The actuarial basis for determining the lump sum is different than for other optional forms. For the 2024 plan year, the interest rates are monthly spot segment rates based on high quality corporate bonds and mortality using the 2024 Unisex Mortality Table specified in IRS Code Section 417(e). Lump sum benefits will not be less than the lump sum value of the accrued benefit accumulated up to July 31, 2009 determined using interest rates based on 30-year Treasury bonds with constant maturities as specified in the Plan minus 2.65%.

Maximum Benefit Limit

Plan benefits are limited to the Internal Revenue Code Section 415 maximum benefit amount.

Maximum Compensation Limit

Plan compensation is limited to the IRS Code Section 401(a)(17) maximum compensation that can be recognized for benefit calculation purposes.

Changes in Plan Provisions since the Last Actuarial Valuation

None.

EMPLOYEE BENEFIT PLAN OF FAMILY SERVICES, INC.
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Form 5500, Schedule H, Line 4i:
 EIN: 56-0689235
 Plan Number: 003

(a)	(b)	(c)	(d)	(e)
*	Identity of issue, borrower, lessor or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
Exchange Traded Funds				
	Ishares	Core S&P 500 ETF	\$ 360,826	\$ 466,823
	Ishares	Core US Aggregate Bond ETF	368,363	357,561
	Ishares	S&P 500 Value ETF	80,579	83,415
	Ishares	20+ Year Treasury Bond ETF	64,589	62,354
	Ishares	5-10 Year Investment Grade Corporate Bond ETF	78,800	76,698
	Vanguard	FTSE Developed Markets ETF	63,606	58,866
	Vanguard	Russell 1000 Growth ETF	184,932	237,797
Mutual Funds				
	GQG Partners	Emerging Markets Equity Fund	29,528	34,603
	Artisan	International Value Fund	74,385	81,082
	Cohen & Steers	Institutional Realty Shares	45,313	46,261
	Dimensional	US Small Cap Portfolio	36,869	42,104
	Eaton Vance	Atlanta Capital SMID-Cap Fund	85,917	94,228
	Hartford	Dividend and Growth Fund	137,795	137,073
	JO Hambro	International Select Fund	65,475	59,856
	T. Rowe Price	QM US Small Cap Growth Equity Fund	49,668	45,096
	Dodge and Cox	Income Fund	380,492	360,083
Cash				
*	Truist	Truist Bank Insured Deposit Program	<u>65,121</u>	<u>65,121</u>
		Total	<u><u>\$ 2,172,258</u></u>	<u><u>\$ 2,309,021</u></u>

* Represents investments held with party-in-interest.

Schedule of Amortization Bases

	Date Established	Present Value of Payments	Remaining Years	Amortization Installment
(1) Shortfall Amortization Bases				
	1/1/2024	\$ (343,430)	15	\$ (31,245)
	1/1/2023	651,354	14	62,167
	1/1/2022	74,211	13	7,467
	1/1/2021	<u>227,482</u>	12	<u>24,269</u>
	Total	\$ 609,617		\$ 62,658

Change in Actuarial Assumptions

Non-Prescribed Assumption Changes Since Prior Valuation

The mortality tables for the Funding Target Liability were changed to used combined rates pre and post commencement.

Justification for Changes in Funding Actuarial Assumptions

For funding calculation purposes, assumption changes, other than those prescribed by law, did not result in a decrease in the plan's funding shortfall (if any) by more than \$5,000,000 or more than 5% of the pre-change funding target, therefore, the plan did not need IRS approval to change assumptions.