

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>12/01/2022</u> and ending <u>11/30/2023</u>	
A	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>MEDHOST EMPLOYEE STOCK OWNERSHIP PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>12/01/1999</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MEDHOST OF TENNESSEE, INC.</u> <u>6550 CAROTHERS PARKWAY</u> <u>SUITE 160</u> <u>FRANKLIN, TN 37067</u>	2b Employer Identification Number (EIN) <u>62-1218334</u>
	2c Plan Sponsor's telephone number <u>615-761-1000</u>
	2d Business code (see instructions) <u>511210</u>

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.

SIGN HERE	Filed with authorized/valid electronic signature.	09/16/2024	MELISSA LITTICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

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	1134
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 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)	535
	6a(2)	554
	6b	22
	6c	513
	6d	1089
	6e	3
	6f	1092
	6g	1079
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: 2E 2F 2H 2J 2K 2O 3F 3I		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning **12/01/2022** and ending **11/30/2023**

<p>A Name of plan MEDHOST EMPLOYEE STOCK OWNERSHIP PLAN</p>	<p>B Three-digit plan number (PN) ▶ 002</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MEDHOST OF TENNESSEE, INC.</p>	<p>D Employer Identification Number (EIN) 62-1218334</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	YH1129	922	12/01/2022	11/30/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	5244527
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	5341088
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c Additions: (1) Contributions deposited during the year	7c(1)	190243	
(2) Dividends and credits.....	7c(2)	67640	
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions.....	7c(6)	257883
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d Total of balance and additions (add lines 7b and 7c(6))	7d	5598971
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	308688	
(2) Administration charge made by carrier.....	7e(2)	12867	
(3) Transferred to separate account.....	7e(3)	32889	

(5) Total deductions.....	7e(5)	354444
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5244527
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10	Nonexperience-rated contracts:			
a	Total premiums or subscription charges paid to carrier		10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.		10b	

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning **12/01/2022** and ending **11/30/2023**

A Name of plan MEDHOST EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDHOST OF TENNESSEE, INC.	D Employer Identification Number (EIN) 62-1218334	

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

VOYA RETIREMENT INSURANCE AND 71-0294708	ANNUITY COMPANY PO BOX 990067 HARTFORD, CT 06199-0067
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

LPL FINANCIAL

4707 EXECUTIVE DR
SAN DIEGO, CA 92121

04-3046611

(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?
99	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	131573	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MORNINGSTAR INVESTMENT MANAGEMENT

36-4317381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	SEVICE PROVIDER	9250	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)

VOYA RETIREMENT ADVISORS, LLC

02-0488491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	SERVICE PROVIDER	5742	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"/>

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
LPL FINANCIAL	99	131573
(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.	
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY HARTFORD, CT 06199-0067 71-0294708	OTHER FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **12/01/2022** and ending **11/30/2023**

A Name of plan MEDHOST EMPLOYEE STOCK OWNERSHIP PLAN		B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDHOST OF TENNESSEE, INC.		D Employer Identification Number (EIN) 62-1218334	

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	68043	39121
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	88467634	96362937
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5341088	5244527
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	5223869	7895315
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	99100634	109541900
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	99100634	109541900

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)	1410108	
(B) Participants.....	2a(1)(B)	4307417	
(C) Others (including rollovers).....	2a(1)(C)	437275	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		6154800
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3833290	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		3833290
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	6962777	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-1800
d Total income. Add all income amounts in column (b) and enter total	2d		16949067
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6191999	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		6191999
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	315802	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		315802
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6507801
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		10441266
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BLANKENSHIP CPA GROUP LLC

(2) EIN: 45-0491842

d The opinion of an independent qualified public accountant is **not attached** because:

- (1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
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.).....	4b		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.)	4c		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.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?.....	4h		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.).....	4i	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.).....	4j		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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 12/01/2022 and ending 11/30/2023

A Name of plan <u>MEDHOST EMPLOYEE STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDHOST OF TENNESSEE, INC.</u>	D Employer Identification Number (EIN) <u>62-1218334</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): 71-0294708

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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 _____

MEDHOST Employee Stock Ownership Plan

Financial Statements and Supplemental Schedule
For the Years Ended November 30, 2023 and 2022

MEDHOST Employee Stock Ownership Plan
Financial Statements and Supplemental Schedule
For the Years Ended November 30, 2023 and 2022

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Independent Auditor's Report

Plan Trustees and Plan Participants
MEDHOST Employee Stock Ownership Plan

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

We have performed audits of the financial statements of MEDHOST Employee Stock Ownership Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of November 30, 2023 and 2022, the related statement of changes in net assets available for benefits for the year ended November 30, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of November 30, 2023 and 2022, and for the year ended November 30, 2023, stating that the certified investment information, as described in note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (US GAAP).
- The information in the accompanying financial statements 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 US GAAP.

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 US GAAP.

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

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of assets held at year-end - schedule H, line 4i as of November 30, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule 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).

Blankenship CPA Group, PLLC

Blankenship CPA Group, PLLC
Brentwood, Tennessee
September 14, 2024

MEDHOST Employee Stock Ownership Plan
 Statements of Net Assets Available for Benefits
 November 30, 2023 and 2022

	2023	2022
Assets		
Investments		
Investments at fair value	\$ 104,297,272	\$ 93,759,546
Investments at contract value	<u>5,244,527</u>	<u>5,341,088</u>
Total investments	109,541,799	99,100,634
 Net assets available for benefits	 \$ 109,541,799	 \$ 99,100,634

MEDHOST Employee Stock Ownership Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended November 30, 2023

Additions to net assets attributed to

Investment income	
Net change in fair value of investments	\$ 6,895,037
Dividend and interest income	<u>3,900,931</u>
Total investment income	10,795,968
Contributions	
Participants	4,307,416
Rollovers	437,275
Employer	<u>1,408,801</u>
Total contributions	6,153,492
Total additions	<u>16,949,460</u>

Deductions from net assets attributed to

Benefits paid to participants	6,192,493
Administrative expenses	<u>315,802</u>
Total deductions	6,508,295
Net change in net assets available for benefits	10,441,165
Net assets available for benefits, beginning of year	<u>99,100,634</u>
Net assets available for benefits, end of year	\$ 109,541,799

MEDHOST Employee Stock Ownership Plan
Notes to Financial Statements
For the Years Ended November 30, 2023 and 2022

Note 1. Description of Plan

The following description of MEDHOST Employee Stock Ownership Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. The plan document is available from the Plan Administrator, MEDHOST of Tennessee Inc. (MEDHOST, Inc.). Effective December 16, 2013, the Plan Sponsor's name changed to MEDHOST of Tennessee Inc. from Healthcare Management Systems, Inc. (HMS). Subsequently on January 1, 2014, the Plan was renamed MEDHOST Employee Stock Ownership Plan from Healthcare Management Systems, Inc. Employee Stock Ownership Plan.

General

The Plan is a defined contribution plan covering all eligible employees of MEDHOST, Inc. and certain related employers, as defined (collectively, the Company). The Plan was effective as of December 1, 1999, and operated as a leveraged employee stock ownership plan (ESOP) through September 2011 when ESOP debt was repaid in full. Effective December 1, 2007, the Plan was amended and restated to allow the HMS 401(k) Plan and Profit Sharing Plan (401(k) Plan) to merge with the Plan. The Plan is designed to comply with Section 4975(e)(7), and the regulations thereunder, of the Internal Revenue Code (IRC) and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Administration of the Plan is through an Administrative Committee (Committee) appointed by MEDHOST's Board of Directors.

The Plan owns 100% of the outstanding Class A common stock, which is approximately 9% of the total stock of MEDHOST, Inc., the Company's parent company, at November 30, 2023 and 2022. Total shares held by the Plan were 45,401 and 48,963 at November 30, 2023 and 2022, respectively.

Eligibility

The Plan covers all eligible employees, as defined.

ESOP Component – Employees age 21 and over are eligible to participate in the Plan on their date of hire; however, to receive ESOP contributions participants must complete at least 500 hours of service during each year and be an employee on the last day of the plan year or terminated employment as a result of retirement, disability, or death. The Company currently does not intend to make any ESOP contributions to the Plan.

401(k) Component – Employees age 21 and over are eligible to participate in the Plan on the first day of the plan quarter (December 1, March 1, June 1 or September 1) after they have completed three months of service.

Contributions

ESOP Component – No Company contributions were made during the year ended November 30, 2023. Currently the Company does not intend to make any ESOP contributions to the Plan.

401(k) Component – Eligible employees may elect to defer from 1% to 100% of their compensation on a pre-tax and post-tax basis under the elective salary deferral component of the Plan. Participants age 50 or older are eligible to make catch-up contributions up to the statutory limit. Rollover contributions from other qualified plans are allowed.

The Plan includes an automatic enrollment feature where eligible employees contribute 5% of their compensation unless the employee elects otherwise.

MEDHOST Employee Stock Ownership Plan
Notes to Financial Statements
For the Years Ended November 30, 2023 and 2022

Note 1. Description of Plan

Contributions

The Plan also provides that the Company may make discretionary matching, profit sharing or non-elective contributions. The Company made discretionary matching contributions equal to 50% of employee deferrals up to 6% of eligible compensation for the 2023 and 2022 plan years.

Contributions are subject to certain limitations in accordance with applicable regulatory requirements.

Participant Accounts

The Plan is a defined contribution plan under which a separate individual account is established for each participant.

ESOP Component – Allocations are based on a participant's eligible compensation relative to total eligible compensation. Plan earnings and administrative expenses are allocated to each participant's account based on the ratio of the participant's beginning of the year account balance to all participants' beginning of the year account balances.

401(k) Component – Each participant's account is credited with the participant's contribution and allocations of (a) employer contribution, if any, and (b) plan earnings (losses), and charged with distributions and an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting and Forfeitures

Participants are immediately vested in their elective salary deferral, rollover, after-tax, non-elective, and transfer accounts. Any participant's remaining unvested accrued benefits attributable to ESOP and ESOP dividend accounts are fully vested.

Participants 100% vest in their matching and profit sharing accounts upon completing 3 years of service. A year of service is defined as a plan year in which an employee is credited with at least 1,000 hours of service. In addition, participants 100% vest if they (i) reach normal retirement age, (ii) become disabled, or (iii) die while employed by the Company.

Participant accounts that are not vested upon termination of the participant are forfeited at the earlier of: (i) the last day of the plan year in which the participant first incurs five consecutive breaks in service, or (ii) the year the terminated participant receives a distribution (including a deemed cash out of \$0) of their vested accrued benefit.

MEDHOST Employee Stock Ownership Plan
Notes to Financial Statements
For the Years Ended November 30, 2023 and 2022

Note 1. Description of Plan

Vesting and Forfeitures

At November 30, 2023 and 2022, forfeited nonvested account balances totaled \$39,122 and \$68,043, respectively. In accordance with the terms of the Plan, all forfeited amounts are available to reduce employer contributions and pay administrative expenses. During the year ended November 30, 2023, forfeitures used to pay expenses were \$87,150 and forfeitures used to reduce employer contributions were \$1,308.

Payment of Benefits

Distributions from the Plan to participants will be made when a participant retires, becomes disabled, dies (in which case payment shall be made to their beneficiary or, if none, their legal representative) or otherwise terminates employment with the Company.

Payments of vested accrued benefits are made as follows:

ESOP Component – For participants who terminate for reasons other than death, disability, or retirement at age 65, account balances will remain in each participant’s account until the year following the fifth plan year following the year in which termination of employment occurred. Distributions are made in cash and whole shares of Company stock. Under the provisions of the Plan, the Company is obligated to repurchase participant shares which have been distributed to participants. During 2023, the Company repurchased 3,562 shares at prices determined from the independent appraisal.

401(k) Component – For participants who terminate for reasons other than death, disability, or retirement at age 65, they may generally request distribution of their vested account balance at any time in the form of a single lump sum payment or installment payments in increments of 5 years but not longer than 20 years. Methods of payment range from an annuity, installment payments over a period no longer than 20 years, or a single lump sum payment of cash.

In-service Withdrawals

In the event of financial hardship, participants may request a distribution from the Plan to the extent required to satisfy the immediate and heavy financial need of the participant. A description of the criteria to receive a hardship distribution is set forth in the Plan’s provisions. Hardship withdrawals are allowed from all 401(k) vested amounts, including earnings, and participants may continue to make elective deferral contributions subsequent to a hardship distribution.

Voting Rights

For corporate matters with respect to merger or consolidation, recapitalization, liquidation, dissolution, sale of substantially all of the assets of a trade or business, or such other transactions which may be prescribed by regulation, each participant is entitled to exercise voting rights attributable to the ESOP shares allocated to their account and is notified by the Trustees prior to the time such rights are to be exercised. The Trustee is required to vote any shares of MEDHOST, Inc. stock for which no voting instructions have been received, on behalf of the collective best interest of plan participants and their beneficiaries, subject to its fiduciary responsibilities under ERISA.

MEDHOST Employee Stock Ownership Plan
Notes to Financial Statements
For the Years Ended November 30, 2023 and 2022

Note 1. Description of Plan

Investment Options

ESOP Component – This component is primarily invested in MEDHOST, Inc. common stock. Investment in the Company stock is not considered to be participant directed. Any portion of a participant's account under the ESOP component that is no longer invested in the Company stock is subject to the same limitations and procedures that apply to the investments in the 401(k) component of the Plan.

401(k) Component – Participants may choose to direct their employee, rollover, Company matching, profit sharing, after-tax or non-elective contributions, and any earnings thereon to acquire investments that are selected by the Administrative Committee. Participants may change their investment options at any time.

Put Option

Under federal income tax regulations, MEDHOST, Inc. stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any shares of MEDHOST, Inc. stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Diversification

Diversification is offered to participants approaching retirement, providing them with the opportunity to convert part of the value of their investment in MEDHOST, Inc. stock into investments which are more diversified. To be eligible for diversification a participant must be at least age 55 and have 10 years of service. Diversification is offered to each eligible participant over a 6-year period. In each of the first 5 years, a participant may diversify up to 25% of their stock account balance, less any shares previously diversified. In the sixth year, the percentage changes to 50%. Distributions for diversification may be made in the form of cash or shares of Company stock. Shares disbursed are immediately repurchased by the Company.

Administration of Plan Assets

Participant accounts are managed by the Custodian and the Trustees, who invest cash received from contributions, interest and dividend income, and make distributions to participants. Certain administrative functions are performed by officers or employees of the Company for which compensation is paid by the Plan.

MEDHOST Employee Stock Ownership Plan
Notes to Financial Statements
For the Years Ended November 30, 2023 and 2022

Note 2. **Summary of Significant Accounting Policies**

Basis of Accounting

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Valuation of Investments and Income Recognition

Investments are stated at fair value, except for fully benefit-responsive investment contracts, which are reported at contract 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. The shares of common stock of MEDHOST, Inc. are valued at fair value. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and appraisers. See note 4 for discussion of fair value measurements.

Contract value is the relevant measure of that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

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 change includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

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

Administrative Expenses

The Plan is responsible for administrative expenses unless paid by the Company. Expenses paid by the Company are excluded from these financial statements. Investment-related expenses are included in net change in fair value of investments.

Benefit Payments

Benefit payments are recognized in the year paid.

MEDHOST Employee Stock Ownership Plan
Notes to Financial Statements
For the Years Ended November 30, 2023 and 2022

Note 3. Certification

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at November 30, 2023 and 2022, and net change in fair value of investments and interest and dividends for the year ended November 30, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Voya Institutional Trust Company, the custodian of the Plan.

The following schedule summarizes the unaudited assets and transactions that were certified by the custodian:

	2023	2022
Money market fund	\$ 39,122	\$ 68,043
Fixed fund	\$ 5,244,527	\$ 5,341,088
Mutual funds	\$ 96,362,937	\$ 88,467,634
Net change in fair value of investments	\$ 3,843,707	
Interest and dividend income	\$ 3,900,931	

Note 4. Fair Value Measurements

The Plan classifies its investments based on a hierarchy consisting of: Level 1 (valued using quoted prices from active markets for identical assets), Level 2 (not traded on an active market but for which observable market inputs are readily available), and Level 3 (valued based on significant unobservable inputs). The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis.

MEDHOST, Inc. Common Stock – At November 30, 2023, valued at fair value based on the sale of all of the outstanding and issued common stock of the Company on December 22, 2023. See note 12. At November 30, 2022, valued at estimated fair value based upon an independent appraisal. The appraisal was based on a combination of the income and market valuation techniques, including consideration of historical and projected net income and cash flow, as well as additional consideration of market transactions involving publicly traded companies that are similar in nature and business. Plan management has concluded that a repurchase obligation discount should be recognized.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money Market Fund – Valued at amortized cost, which approximates fair value.

There have been no changes in mutual fund or money market fund methodologies used at November 30, 2023 and 2022.

MEDHOST Employee Stock Ownership Plan
Notes to Financial Statements
For the Years Ended November 30, 2023 and 2022

Note 4. Fair Value Measurements

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	Total
MEDHOST, Inc. common stock	\$ -	\$ -	\$ 7,895,213	\$ 7,895,213
Money market fund	39,122	-	-	39,122
Mutual funds	<u>96,362,937</u>	<u>-</u>	<u>-</u>	<u>96,362,937</u>
Investments in fair value hierarchy	\$ 96,402,059	\$ -	\$ 7,895,213	\$ 104,297,272

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	Total
MEDHOST, Inc. common stock	\$ -	\$ -	\$ 5,223,869	\$ 5,223,869
Money market fund	68,043	-	-	68,043
Mutual funds	<u>88,467,634</u>	<u>-</u>	<u>-</u>	<u>88,467,634</u>
Investments in fair value hierarchy	\$ 88,535,677	\$ -	\$ 5,223,869	\$ 93,759,546

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended November 30, 2023:

Balance, beginning of year	\$ 5,223,869
Unrealized appreciation in estimated fair value	3,051,330
Shares distributed to participants	<u>(379,986)</u>
Balance, end of year	\$ 7,895,213

MEDHOST Employee Stock Ownership Plan
Notes to Financial Statements
For the Years Ended November 30, 2023 and 2022

Note 4. Fair Value Measurements

The following table sets forth the basic assumptions used in arriving at the significant unobservable inputs:

	Fair value November 30, 2023	Fair value November 30, 2022	Valuation techniques	Unobservable inputs
MEDHOST, Inc. common stock	\$ 7,895,213	\$ 5,223,869	November 30, 2023 – Market Transaction	Sale of MEDHOST, Inc. common stock
			November 30, 2022 - Income approach - Discounted Cash Flow	Weighted average cost of capital Net income and cash flows EBITDA Discount rate Repurchase obligation discount
			November 30, 2022 - Market approach - Public Companies Analysis	Public comparables Revenue, cash flow, and EBITDA multiples Repurchase obligation discount

Note 5. Investments at Contract Value

The Plan holds a fully-benefit responsive investment contract with Voya Retirement Insurance and Annuity Company. The contract is reported at contract value and is considered a traditional investment contract.

	2023	2022
Traditional investment contract	\$ 5,244,527	\$ 5,341,088

With traditional investment contracts, the Plan owns only the contract itself and the underlying assets are owned by the contract issuer. Traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers. The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1%. The crediting rate is reviewed on a monthly basis for resetting. The guaranteed rate is reviewed annually.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investments contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

MEDHOST Employee Stock Ownership Plan
Notes to Financial Statements
For the Years Ended November 30, 2023 and 2022

Note 5. Investments at Contract Value

Surrender of the contract upon termination of the Plan or termination of the contract, for reasons other than the sale of the Company, would limit the ability of the Plan to transact at contract value with the issuer. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

Note 6. Nonparticipant-directed Investments

Net assets relating to nonparticipant-directed investments were comprised of MEDHOST, Inc. common stock in the amount of \$7,895,213 and \$5,223,869, for years ended November 30, 2023 and 2022, respectively.

A schedule of the significant components of the change in net assets relating to nonparticipant-directed investments follows for the year ended November 30, 2023:

Changes in nets assets	
Net appreciation	\$ 3,051,330
Distributions	<u>(379,986)</u>
Net change in net assets	\$ 2,671,344

Note 7. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated May 12, 2015, stating that the Plan, as designed, is in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter; however, the plan administrator believes that the Plan is currently designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of November 30, 2023 no uncertain positions have been taken or are expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to IRS examination for years prior to 2020.

As of the date the financial statements were available for issuance, plan compliance testing for 2023 was in process and not completed. Plan administration believes the Plan is currently in compliance with applicable requirements of the IRC, however, will promptly correct any operational failures under acceptable correction methods if deemed necessary.

MEDHOST Employee Stock Ownership Plan
Notes to Financial Statements
For the Years Ended November 30, 2023 and 2022

Note 8. Significant Estimates and Concentrations of Credit Risk

Investments in MEDHOST, Inc. common stock owned by the Plan on November 30, 2022 are valued at their estimated fair value as determined by an annual independent appraisal. The actual fair value of the common stock can only be determined based on the ultimate sale, which could result in a value significantly different from the appraisal.

The Plan also invests in investment securities other than the MEDHOST, Inc. common stock, which 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 values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

At November 30, 2023 and 2022, the Plan had concentrations of investments in 3 investment funds which represented approximately 45% and 43%, respectively, of total investments.

Note 9. Unallocated Accounts

Plan assets not allocated to participants' accounts amounted to \$39,122 and \$68,043 as of November 30, 2023 and 2022, respectively.

Note 10. Related Party and Party-in-interest Transactions

Parties-in-interest are defined under United States Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Company, and certain others. Plan investments are managed by the Custodian and Trustees, and transactions with these parties qualify as party-in-interest transactions. Fees relating to shares of mutual funds are recorded against the net asset values of each mutual fund. Fees for recordkeeping expenses and plan professional fees totaled \$315,802 for the year ended November 30, 2023.

The Company and Voya Retirement Insurance and Annuity Company (VRIAC) are parties to a Plan Services Agreement under which VRIAC provides certain administrative services to the Plan. VRIAC receives revenue from investment fund services and recordkeeping fees deducted from participant accounts, if any. This revenue is used to offset certain amounts owed to VRIAC for its administrative services to the Plan. If the revenue received by VRIAC is in excess of VRIAC's stated revenue requirements under the service agreement, VRIAC remits the excess to the Plan on a quarterly basis. Such amounts may be used to pay plan administrative expenses or allocated to the accounts of plan participants. During 2023, there were no excess amounts. The Plan or Company may make payments to VRIAC for administrative expenses not covered by revenue sharing.

Employer contributions and administrative fees paid are considered party-in-interest transactions. These transactions are exempt from the prohibited transaction provisions of ERISA and IRC.

Note 11. Plan Termination

The Company reserves the right to terminate the Plan at any time, subject to plan provisions. Upon such termination of the Plan, the interest of each participant in the trust fund will be distributed to such participant or the participant's beneficiary at the time and in a manner prescribed by plan terms and ERISA. In addition, the Committee shall direct the Trustees to pay all liabilities and expenses of the trust fund. See note 12.

MEDHOST Employee Stock Ownership Plan
Notes to Financial Statements
For the Years Ended November 30, 2023 and 2022

Note 12. **Subsequent Events**

Management has evaluated subsequent events through September 14, 2024, the date on which the financial statements were available for issuance.

The Board of Directors of the Company executed an amendment to terminate the Plan effective December 21, 2023, as a result of a stock sale of 100% of the Company to Harris Genesis Holdings II Corp. on December 22, 2023. The outstanding shares of the Plan were sold for \$7,895,213 and all participants became fully vested in their account balances. The plan amendment requires a partial distribution of up to 80% of a participant's ESOP account to participants who have made an affirmative election to receive a distribution. The remaining balance will be disbursed following the final settlement and release of escrow from the Company sale. Distributions from a participant's 401(k) account will be made as soon as administratively feasible upon an affirmative election by the participant. All distributions will be in lump sum payments. The Plan will apply for approval of the termination from the IRS.

The Plan was most recently amended to comply with regulatory requirements on December 21, 2023, the dated on which the Plan termination became imminent.

Supplemental Schedule

MEDHOST Employee Stock Ownership Plan
Schedule of Assets Held at Year-End - Schedule H, Line 4i
For the Year Ended November 30, 2023

EIN: 62-1218334

Plan number: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Registered investment companies				
	American Beacon	American Beacon Stephens Mid-Cap Growth Fund	**	\$ 1,893,271
	American Funds	American Funds American Balanced Fund	**	5,276,592
	American Funds	American Funds EuroPacific Growth Fund	**	4,047,120
	American Funds	American Funds U.S. Government Securities Fund	**	1,681,147
	BlackRock	BlackRock High Yield Bond Portfolio	**	1,687,670
	BlackRock	BlackRock Strategic Income Opportunities Fund	**	2,721,114
	Columbia	Columbia Mortgage Opportunities Fund-Inst 3	**	266
	Dimension Fund Advisors	DFA Emerging Markets Core Equity Portfolio	**	1,652,323
	Dimension Fund Advisors	DFA Global Real Estate Securities Portfolio	**	1,374,946
	Dimension Fund Advisors	DFA U.S. Targeted Value Portfolio	**	1,015,975
	Dodge & Cox	Dodge & Cox Global Bond Fund	**	1,271,931
	Invesco	Invesco International Small-Mid Company Fund	**	746,319
	JPMorgan	JPMorgan Core Bond Fund R6	**	1,133,143
	JPMorgan	JPMorgan Large-Cap Growth Fund R6	**	22,231,327
	John Hancock	John Hancock Alternate Asset Allocation Fund	**	2,831,230
	John Hancock	John Hancock Disciplined Value Mid-Cap Fund	**	3,823,310
	Metropolitan West	Metropolitan West Total Return Bond Fund	**	4,262,678
	Massachusetts Financial Sv.	MFS Emerging Markets Debt Fund	**	327,882
	Massachusetts Financial Sv.	MFS International Intrinsic Value Fund	**	1,934,352
	Massachusetts Financial Sv.	MFS Value Fund	**	12,705,871
	New York Life	MainStay MacKay Convertible Fund	**	418,199
	Pacific Investment Mgmt.	PIMCO Real Return Fund	**	872,043
	T. Rowe Price	T. Rowe Price New Horizons Fund	**	3,110,898
	Vanguard Group	Vanguard 500 Index Fund	**	14,593,799
	Vanguard Group	Vanguard Mid-Cap Index Fund	**	1,460,011
	Vanguard Group	Vanguard Small-Cap Index Fund	**	2,849,949
	Victory Capital Mgmt.	Victory Trivalent International Small-Cap Fund	**	276,791
	Virtus Fund Advisors	Virtus Seix Floating Rate High Income Fund	**	162,780
				96,362,937
Employer common stock				
*	MEDHOST, Inc.	Common stock, 45,401 shares	\$ 3,182,189	7,895,213
Money market fund				
*	Voya	Voya Government Money Market Fund	**	39,122
Fixed fund				
*	Voya	Voya Fixed Account	**	5,244,527
				\$ 109,541,799

* Represents a party-in-interest as defined by ERISA

** Not required for participant-directed investments

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2022

This Form Is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 12/01/2022 and ending 11/30/2023

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

Part II Basic Plan Information—enter all requested information

1a Name of plan MEDHOST EMPLOYEE STOCK OWNERSHIP PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 12/01/1999
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MEDHOST OF TENNESSEE, INC. 6550 CAROTHERS PARKWAY SUITE 160 FRANKLIN TN 37067	2b Employer Identification Number (EIN) 62-1218334
	2c Plan Sponsor's telephone number 615-761-1000
	2d Business code (see instructions) 511210

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.

SIGN HERE	<i>Melissa Littich</i>	9/16/24	MELISSA LITTICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Melissa Littich</i>	9/16/24	MELISSA LITTICH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

**Application for Extension of Time
To File Certain Employee Plan Returns**Go to www.irs.gov/Form5558 for the latest information.**Part I Identification**

A Name of filer, plan administrator, or plan sponsor (see instructions) <u>MEDHOST OF TENNESSEE, INC.</u> Number, street, and room or suite no. (If a P.O. box, see instructions.) <u>6550 CAROTHERS PARKWAY SUITE 160</u> City or town, state, and ZIP code <u>FRANKLIN, TN 37067</u>	B Employer identification number (EIN) <u>62-1218334</u>
C Name of plan <u>MEDHOST EMPLOYEE STOCK OWNERSHIP PLAN</u>	D Three-digit plan number (PN) <u>002</u>
E Plan year end date <u>11/30/2024</u>	

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1** Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, item C, above.
- 2** I request an extension of time until 09 / 15 / 2024 to file Form 5500 series. See instructions.
- 3** I request an extension of time until 09 / 15 / 2024 to file Form 8955-SSA. See instructions.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

MEDHOST Employee Stock Ownership Plan
Schedule of Assets Held at Year-End - Schedule H, Line 4i
For the Year Ended November 30, 2023

EIN: 62-1218334

Plan number: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Registered investment companies				
	American Beacon	American Beacon Stephens Mid-Cap Growth Fund	**	\$ 1,893,271
	American Funds	American Funds American Balanced Fund	**	5,276,592
	American Funds	American Funds EuroPacific Growth Fund	**	4,047,120
	American Funds	American Funds U.S. Government Securities Fund	**	1,681,147
	BlackRock	BlackRock High Yield Bond Portfolio	**	1,687,670
	BlackRock	BlackRock Strategic Income Opportunities Fund	**	2,721,114
	Columbia	Columbia Mortgage Opportunities Fund-Inst 3	**	266
	Dimension Fund Advisors	DFA Emerging Markets Core Equity Portfolio	**	1,652,323
	Dimension Fund Advisors	DFA Global Real Estate Securities Portfolio	**	1,374,946
	Dimension Fund Advisors	DFA U.S. Targeted Value Portfolio	**	1,015,975
	Dodge & Cox	Dodge & Cox Global Bond Fund	**	1,271,931
	Invesco	Invesco International Small-Mid Company Fund	**	746,319
	JPMorgan	JPMorgan Core Bond Fund R6	**	1,133,143
	JPMorgan	JPMorgan Large-Cap Growth Fund R6	**	22,231,327
	John Hancock	John Hancock Alternate Asset Allocation Fund	**	2,831,230
	John Hancock	John Hancock Disciplined Value Mid-Cap Fund	**	3,823,310
	Metropolitan West	Metropolitan West Total Return Bond Fund	**	4,262,678
	Massachusetts Financial Sv.	MFS Emerging Markets Debt Fund	**	327,882
	Massachusetts Financial Sv.	MFS International Intrinsic Value Fund	**	1,934,352
	Massachusetts Financial Sv.	MFS Value Fund	**	12,705,871
	New York Life	MainStay MacKay Convertible Fund	**	418,199
	Pacific Investment Mgmt.	PIMCO Real Return Fund	**	872,043
	T. Rowe Price	T. Rowe Price New Horizons Fund	**	3,110,898
	Vanguard Group	Vanguard 500 Index Fund	**	14,593,799
	Vanguard Group	Vanguard Mid-Cap Index Fund	**	1,460,011
	Vanguard Group	Vanguard Small-Cap Index Fund	**	2,849,949
	Victory Capital Mgmt.	Victory Trivalent International Small-Cap Fund	**	276,791
	Virtus Fund Advisors	Virtus Seix Floating Rate High Income Fund	**	162,780
				<u>96,362,937</u>
Employer common stock				
*	MEDHOST, Inc.	Common stock, 45,401 shares	\$ 3,182,189	7,895,213
Money market fund				
*	Voya	Voya Government Money Market Fund	**	39,122
Fixed fund				
*	Voya	Voya Fixed Account	**	5,244,527
				\$ 109,541,799

* Represents a party-in-interest as defined by ERISA

** Not required for participant-directed investments