

<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;">2024</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 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: 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

<p>1a Name of plan <u>GLENVIEW CAPITAL MANAGEMENT LLC PROFIT SHARING TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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>GLENVIEW CAPITAL MANAGEMENT, LLC</u></p> <p><u>767 FIFTH AVENUE</u> <u>44TH FLOOR</u> <u>NEW YORK, NY 10153</u></p>	<p>1c Effective date of plan <u>01/01/2001</u></p> <p>2b Employer Identification Number (EIN) <u>13-4136746</u></p> <p>2c Plan Sponsor's telephone number <u>212-812-4720</u></p> <p>2d Business code (see instructions) <u>523900</u></p>

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.	09/15/2025	MARK HOROWITZ
	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

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	111
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	51
	6a(2)	57
	6b	0
	6c	61
	6d	118
	6e	0
	6f	118
	6g(1)	111
	6g(2)	118
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 2G 2J 2K 3B 3D 3H

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan GLENVIEW CAPITAL MANAGEMENT LLC PROFIT SHARING TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLENVIEW CAPITAL MANAGEMENT, LLC	D Employer Identification Number (EIN) 13-4136746	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
71 72	CUSTODIAN	5250	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6675	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>GLENVIEW CAPITAL MANAGEMENT LLC PROFIT SHARING TRUST</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GLENVIEW CAPITAL MANAGEMENT, LLC</u>	D Employer Identification Number (EIN) <u>13-4136746</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE GAC SERIES 25053 CL 35</u>		
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
c EIN-PN <u>46-6625485-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>242852</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GLENVIEW CAPITAL MANAGEMENT LLC PROFIT SHARING TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GLENVIEW CAPITAL MANAGEMENT, LLC	D Employer Identification Number (EIN) 13-4136746

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8335	5725
(2) Participant contributions	1b(2)	108390	86155
(3) Other	1b(3)	119	118
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1665661	293642
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	24645	12912
(9) Value of interest in common/collective trusts	1c(9)	279705	242852
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21004237	24663079
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	11984226	11579224

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	35075318	36883707
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	35075318	36883707

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)	197984	
(B) Participants.....	2a(1)(B)	886737	
(C) Others (including rollovers).....	2a(1)(C)	77479	
(2) Noncash contributions.....	2a(2)	0	1162200
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3107	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	518	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3625
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	888822	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		888822
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3366141
c Other income	2c		-427600
d Total income. Add all income amounts in column (b) and enter total	2d		4993188

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3139244	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3139244
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	45555	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		45555
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3184799

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1808389
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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

A Name of plan <u>GLENVIEW CAPITAL MANAGEMENT LLC PROFIT SHARING TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GLENVIEW CAPITAL MANAGEMENT, LLC</u>	D Employer Identification Number (EIN) <u>13-4136746</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	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-1558009

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 23 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704218A.

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

Glenview Capital Management, LLC
Profit-Sharing Trust
December 31, 2024 and 2023
And Year Ended December 31, 2024
With Report of Independent Auditors

Glenview Capital Management, LLC
Profit-Sharing Trust

Financial Statements and Supplemental Schedule

EIN # 13-4136746 Plan# 001

December 31, 2024 and 2023 and
Year ended December 31, 2024

Contents

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Report of Independent Auditors

To the Plan Administrator
Glenview Capital Management, LLC Profit-Sharing Trust

Opinion

We have audited the financial statements of Glenview Capital Management, LLC Profit-Sharing Trust (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan at December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion of the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 (referred to as the "supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Ernst + Young LLP

September 11, 2025

Glenview Capital Management, LLC
Profit-Sharing Trust

Statements of Net Assets Available for Benefits

EIN # 13-4136746 Plan# 001

Year Ended December 31, 2024 and December 31, 2023

	Year Ended December 31	
	2024	2023
Assets		
Cash and cash equivalents	\$ 293,642	\$ 1,665,661
Investments, at fair value:		
Registered investment companies	24,049,983	20,512,571
Self-directed brokerage accounts	12,192,320	12,475,892
Collective investment trust	242,852	279,705
Total investments	36,485,155	33,268,168
Receivables:		
Contributions receivable	91,880	116,725
Notes receivable from participants	12,912	24,645
Note payment receivable	118	119
Total receivables	104,910	141,489
Net assets available for plan benefits	<u>\$ 36,883,707</u>	<u>\$ 35,075,318</u>

See accompanying notes to the financial statements.

Glenview Capital Management, LLC
Profit-Sharing Trust

Statements of Changes in Net Assets Available for Benefits

EIN # 13-4136746 Plan# 001

Year Ended December 31, 2024 and December 31, 2023

	December 31	
	2024	2023
Investment income (loss):		
Net appreciation in fair value of investments	\$ 2,938,542	\$ 4,909,738
Dividend income	888,822	478,734
Interest income and other	3,624	8,737
Total investment income	3,830,988	5,397,209
 Contributions:		
Employees	886,737	1,020,650
Employer	197,984	210,606
Employee rollovers	77,479	276,300
Total contributions	1,162,200	1,507,556
Total additions from investment income and contributions	\$ 4,993,188	\$ 6,904,765
 Deductions:		
Benefits paid to participants	(3,139,244)	(1,034,185)
Administrative expenses	(45,555)	(35,426)
Total deductions	(3,184,799)	(1,069,611)
 Net increase in net assets available for plan benefits	1,808,389	5,835,154
Net assets available for plan benefits at the beginning of the year	35,075,318	29,240,164
Net assets available for plan benefits at the end of the year	\$ 36,883,707	\$ 35,075,318

See accompanying notes to the financial statements.

Glenview Capital Management, LLC
Profit-Sharing Trust

Notes to Financial Statements

December 31, 2024

1. Description of the Plan

The following description of the Glenview Capital Management, LLC Profit-Sharing Trust (the “Plan”) provides only general information. Participants should refer to the Plan document for a more comprehensive description of the Plan’s provisions. The Plan was amended on March 26, 2024 to include the employees of a Related Employer, Longwood Hockey LLC (the “Participating Employer”). The amendment of the Plan has not changed the terms for pre-existing Participants but has granted the same benefits to the employees of the Participating Employer. A Plan year commences on January 1 and ends on December 31 (a “Plan Year”).

General

The Plan is a defined contribution plan covering all employees of Glenview Capital Management, LLC (the “Company” or “Plan Sponsor”). Full-time employees are eligible to participate immediately upon date of hire and may enroll during the first payroll period of employment. Part-time employees are eligible to participate if they have completed 1,000 hours of service during an eligibility period. The first eligibility period is the 12-month period beginning at the date of hire. Subsequent eligibility periods are based on the Plan Year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Plan Administration

The Plan is sponsored by the Company, as defined by the Plan. The Company assigns all operating and bookkeeping responsibilities of the Plan to Danzinger & Markhoff, LLP (the “Administrator”) and Sentinel Benefits & Financial Group, who serves as the individual participant record keeper. Charles Schwab Bank serves as the Plan’s trustee (the “Trustee”). Any expenses relating to the administration of the Plan not paid by the Plan are paid by the Company.

Contributions

Each year, participants may contribute a percentage of pre-tax or after-tax (Roth) annual compensation up to the maximum amount permitted by law, as described below. Participants may also contribute amounts representing distributions from rollovers of other qualified defined benefit or contribution plans as allowed by the Plan documents. Prior to the beginning of each Plan Year, the Company determines, on a discretionary basis, the maximum amount of matching contributions, if any, to be made for that year. For the Plan year ended December 31, 2024 and December 31, 2023, the maximum employer matching amount was determined to 100% match up to \$3,500 per participant. Additional amounts may be contributed at the option of the Company’s Board of Directors. The employer matching amount is contributed into the same investments that the employee has chosen to contribute. These amounts, determined on a discretionary basis, may

Glenview Capital Management, LLC
Profit-Sharing Trust

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Contributions (continued)

include profit-sharing contributions, which may be made on behalf of participants for any Plan Year, subject to Internal Revenue Service (“IRS”) limitations. During the year ended December 31, 2024 and December 31, 2023, there were no such profit-sharing contributions.

Employee pre-tax contributions were limited to a maximum of \$23,000 for 2024 and \$22,500 for 2023 as permitted under IRS regulations. In addition, an employee who is at least 50 years of age during any Plan Year may be eligible to defer a catch-up contribution provided that his/her contributions before such catch-up meet certain levels for the Plan Year. The maximum catch-up contribution was \$7,500 for 2024 and 2023.

The Plan includes a Roth elective deferral option based on the requirements provided by Section 402A of the Internal Revenue Code (the “Code”). The Roth elective deferral option permits Participants to make post-tax salary deferral contributions by payroll deduction, subject to the Participants’ Roth elective deferrals combined with their pretax deferrals not exceeding the lesser of 90% of their compensation or certain limitations.

	<u>2024</u>	<u>2023</u>
Employee contributions		
Pre-tax contributions	\$ 624,204	\$ 774,903
After-tax Roth contributions	262,533	245,747
Total employee contributions	<u>\$ 886,737</u>	<u>\$ 1,020,650</u>
 Rollover contributions	 <u>\$ 77,479</u>	 <u>\$ 276,300</u>

Participant Accounts

Individual participant accounts are maintained for each participant of the plan. Participants direct their elective contributions into various investment options offered by the Plan and can change their investment options on a daily basis. Each participant’s account is increased or decreased by (a) the participant’s contributions, including rollovers, and distributions, (b) the Company’s contributions, (c) allocations of Plan income or loss related to the investment opportunities chosen by such participant, and (d) loan activity.

Glenview Capital Management, LLC
Profit-Sharing Trust

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Vesting

Participants are immediately vested in salary deferrals and after tax contributions and Company's matching plus actual earnings thereon. Participants are entitled to their vested account balance available for distribution.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 and a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years or a period of time deemed reasonable by the Company. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates (prime rate plus 1%), as determined on the first day of the month by the Plan Administrator for loans granted during that month.

The interest rate, once fixed, remains in effect for the duration of the loan. Principal and interest are paid ratably through bi-monthly payroll deductions, unless otherwise agreed to by the Company. Interest income on loan balances is reinvested into the investment election determined by the Plan participants. The total amount of interest earned on participant loans during 2024 was \$518 and \$1,082 during 2023 and is included in interest income and other on the accompanying statement of changes in net assets available for benefits.

If a participant terminates employment with the Company, the loan will automatically be treated as a distribution to the participant after 3 months, if not repaid.

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when earned. Related fees are recorded as administrative expenses and are expensed when incurred. If a participant ceases to make loan repayments and the Plan Sponsor deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded. No allowance for credit losses has been recorded as of December 31, 2024, or as of December 31, 2023.

Glenview Capital Management, LLC
Profit-Sharing Trust

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Payment of Benefits

Upon termination of service for reasons other than death or financial hardship, a participant shall receive a distribution notice with options to remain in the Plan, initiate a rollover to another qualified plan or receive a lump-sum distribution of the vested value of the participant's account. Upon termination of service due to death, a participant's beneficiary or beneficiaries shall be entitled to receive a lump-sum distribution of the vested value of the participant's account.

In the event of financial hardship, a participant shall be entitled to receive a distribution from his or her account up to an amount not to exceed the participant's pre-tax or after-tax (Roth) contributions to the Plan. A hardship withdrawal is a withdrawal made for an immediate and heavy financial need, such as unreimbursed medical expenses, purchase of a participant's principal residence, tuition and related educational fees, and unreimbursed burial or funeral expenses.

Hardship withdrawals are strictly regulated by the IRS and a participant must exhaust all available loan options and available distributions prior to requesting a hardship withdrawal. No more than twice in any Plan Year shall a participant, who has attained the age of 59½, be entitled to receive a distribution of all or part of the vested value of his or her account. Once a year, a participant may elect to withdraw all or part of amounts rolled-over from other qualified defined benefit or contribution plans and any earnings thereon.

Plan Termination

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, Participants will become 100% vested in their total account balance under the Plan.

Glenview Capital Management, LLC
Profit-Sharing Trust

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Administrative Expenses

There may be fees or expenses related to the administration of the Plan or associated with the investment of Plan assets that will affect the amount of participants' plan benefits. Any fees related to the administration of the Plan or associated with the investment of Plan assets may be paid by the Plan or by the Company. If the Company does not pay Plan-related expenses, such fees or expenses will generally be allocated to the accounts of Participants either proportionally based on the value of account balances or as an equal dollar amount based on the number of participants in the Plan. All other administrative expenses of the Plan are paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States ("US GAAP") and are presented on the accrual basis of accounting.

The preparation of these financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Management believes that the estimates utilized in preparing the financial statements are reasonable and prudent; however, actual results could differ from these estimates.

Going Concern

The Plan's management has made an assessment of the Plan's ability to continue as a going concern and is satisfied that the Plan has the resources to continue in business for the foreseeable future. Furthermore, management is not aware of any material uncertainties that may cast substantial doubt upon the Plan's ability to continue as a going concern. Therefore, the financial statements continue to be prepared on the going concern basis.

Glenview Capital Management, LLC
Profit-Sharing Trust

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments in registered investment companies are stated at fair value, based upon the closing net asset value of the registered investment companies on the last business day of the Plan year. Common/collective trusts are also valued at net asset value per share/unit. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Self-directed brokerage accounts are made up of investments into the Plan Sponsor's non-registered investment funds (the "Company managed funds") and registered investment companies. The Company managed funds are multi-strategy hedge funds with investment strategies primarily focused on investments in equities, equity-based securities (including equity options, stock index options and futures and other equity derivatives), fixed-income securities, credit default swaps and other derivatives. The Plan values the Company managed funds at fair value, which is an amount equal to the sum of the Plan's capital accounts in the Company managed funds as determined from the audited annual financial statements of those Funds. For Company managed funds, the Company values the Plan's investments in the Company managed funds on a monthly basis and allocates gains and losses thereon to participants based on each participant's proportionate share of Plan investments in such funds.

The Plan has the ability to liquidate its investments in the Company managed funds periodically in accordance with the provisions of the respective Company managed funds' offering memorandums. The Plan is no longer subject to a lock up period in the Company managed funds and the Plan has received permission from the General Partner of the Company managed funds to withdraw capital on the last business day of any month end.

Payment of Benefits

Benefit payments to Participants are recorded upon distribution.

Glenview Capital Management, LLC
Profit-Sharing Trust

Notes to Financial Statements (continued)

3. Fair Value Measurement

The Plan measures and reports its investments at fair value which is defined under U.S. GAAP. At December 31, 2024 and 2023, Plan investments are classified and disclosed in one of the following categories based on market price observability. Market price observability is impacted by a number of factors, including the type of investment and the characteristics specific to the investment. Investments with readily available quoted prices or for which fair value can be measured from actively quoted prices generally will have a higher degree of market price observability and a lesser degree of judgment used in measuring fair value:

Level I – Quoted prices are available in active markets as of the reporting date. The type of investments which would generally be included in Level I include registered investment companies.

Level II – Pricing inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or quotations received from brokers and other external pricing vendors. The key inputs into valuation may include but are not limited to yield curves, credit curves, volatility curves, interest rate curves, reference securities prices, foreign currency spots, forward rates, notional amounts, maturity dates and correlation data.

Level III – Pricing inputs are unobservable for the investment and includes situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require significant management judgment or estimation.

The Plan is not subject to a lock up period in the Company managed funds and the Plan has the ability to redeem its investment on the last business day of any month end. Investment in Company managed funds, at fair value as of December 31, 2024, is excluded from the fair value hierarchy leveling as the fair value of the investment in Company managed funds were measured at net asset value. The Plan recognizes transfers between levels in the fair value hierarchy at the date of the event that caused the transfer.

For the years ended December 31, 2024 and December 31, 2023, there were no transfers into or out of Level III.

Glenview Capital Management, LLC
Profit-Sharing Trust

Notes to Financial Statements (continued)

3. Fair Value Measurement (continued)

The following table summarizes the valuation of the Plan's financial instruments in accordance with the above fair value hierarchy levels as of December 31, 2024 and December 31, 2023.

	2024	2023
Investments		
Level 1:		
Registered investment companies	\$ 24,049,983	\$ 20,512,571
Collective investment trust	242,852	279,705
Registered investments companies held in self-directed brokerage	613,096	491,666
Total Level 1	\$ 24,905,931	\$ 21,283,942
Company managed funds under the practical expedient included in self-directed brokerage accounts*	\$ 11,579,224	\$ 11,984,226
Total Investments	\$ 36,485,155	\$ 33,268,168

* Company managed funds are long/short equity funds that do not charge the Plan a management fee or incentive fee and have quarterly redemptions.

4. Investments

Upon enrollment in the Plan, participants may direct contributions to any combination of the investments offered under the Plan.

5. Related-Party Transactions

The Trustee is responsible for managing certain investments in certain registered investment companies as well as self-directed brokerage accounts. The Trustee receives revenue from registered investment company and collective trust fund services providers for services the Trustee provides to the funds.

Additionally, certain Plan investment options are investment funds managed by the Company (Glenview Capital Partners (Cayman), Ltd, Glenview Offshore Opportunity Fund, Ltd and Glenview Healthcare Offshore Partners, L.P.). The only participants eligible to contribute to the Company managed funds are Partners of the Company. No management, advisory, or incentive fees were charged by the Company on the Plan's investments in these funds. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

Glenview Capital Management, LLC
Profit-Sharing Trust

Notes to Financial Statements (continued)

5. Related-Party Transactions (continued)

In the normal course of business, certain officers and employees of the Company (who may also be participants in the Plan) perform administrative services related to the Plan's operation, recordkeeping and financial reporting. The Company pays the salaries of such individuals and also pays substantially all other expenses on the Plan's behalf. The foregoing transactions are not deemed prohibited party-in-interest transactions because they are covered by statutory and administrative exemptions under IRS and ERISA rules on prohibited transactions.

6. Risks and Uncertainties

The Plan invests in various investments. These investments may be exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits.

Substantially all of the underlying investments of the Company managed funds are comprised of investments in securities and securities sold, not yet purchased. Some of the Company managed funds utilize a variety of financial instruments in their trading strategies including, but not limited to, equity and debt securities of U.S. and foreign issuers, options, futures contracts, forward contracts, and swap contracts. Several of these financial instruments contain varying degrees of off-balance sheet risk whereby changes in market value of the securities underlying the financial instruments may be in excess of the amounts recorded on each Company managed fund's balance sheet. Due to the nature of the Plan's ownership interests in the Company managed funds, the Plan's risk of loss in its investments is limited to the Plan's capital balance in each Company managed fund.

7. Tax Status

The underlying pre-approved plan has received an opinion letter from the Internal Revenue Service (IRS) dated November 23, 2020, stating that the form of the plan is qualified under Section 401 of the Internal Revenue Code (the Code) and, therefore, the related trust is tax-exempt. The Plan Administrator has determined that it is eligible to, and has chosen to, rely on the current IRS pre-approved plan opinion letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

Glenview Capital Management, LLC
Profit-Sharing Trust

Notes to Financial Statements (continued)

7. Tax Status (continued)

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

8. Subsequent Events

These financial statements were approved by management and became available for issuance on September 11, 2025. Subsequent events have been evaluated by management through this date and no adjustment is necessary to the financial statements.

Glenview Capital Management, LLC
Profit-Sharing Trust

EIN # 13-4136746 Plan# 001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party	Fair Value
Self-Directed Brokerage Accounts	
Glenview Offshore Opportunity Fund, Ltd*	\$ 7,989,121
Glenview Capital Partners (Cayman), Ltd*	3,566,832
American Century Global Gold Fund (Schwab Personal Choice Retirement)*	224,669
Fidelity OTC Portfolio (Schwab Personal Choice Retirement)*	145,475
Vanguard Equity Income Fund (Schwab Personal Choice Retirement)*	71,008
Vanguard Dividend Growth Fund (Schwab Personal Choice Retirement)*	53,661
American Mutual Fund (Schwab Personal Choice Retirement)*	29,806
Vanguard Small-Cap Index Fund (Schwab Personal Choice Retirement)*	26,735
Parnassus Core Equity Fund (Schwab Personal Choice Retirement)*	25,207
Schwab Select Large Cap Growth (Schwab Personal Choice Retirement)*	24,408
Glenview Healthcare Offshore Partners, L.P.*	23,271
Alger Small Cap Growth Fund (Schwab Personal Choice Retirement)*	12,127
Total self-directed brokerage accounts	12,192,320
Registered Investment Companies	
JPMorgan Large Cap Growth	7,259,573
Schwab S&P 500 Index Fund*	6,237,348
MFS Total Return Fund R6	2,058,742
Fidelity International Index Premium Fund	1,168,111
JPMorgan Mid Cap Growth Fund	966,775
First Eagle Global Fund	947,063
MFS Massachusetts Investors Trust	544,886
Loomis Sayles Investment Grade Bond Fund	526,433
Dodge & Cox Stock Fund	494,548
American Funds New World Fund	421,308
Vanguard Target Retirement 2035 Fund	381,979
Vanguard Wellesley Income Fund	371,684
Principal SmallCap S&P 600 Index Fund	353,255
Fidelity Mid-Cap Stock Fund	312,580
Allspring Special Small Cap Value Institutional Fund	302,138
Federated Hermes Institutional High Yield Bond Fund	299,080
American Funds Europacific Growth Fund	244,545
DFA US Vector Equity Fund	238,168
Vanguard Target Retirement 2060 Fund	180,559
Vanguard Target Retirement 2055 Fund	172,544
Vanguard Target Retirement 2050 Fund	159,999
Vanguard Explorer Fund	128,312
Putnam Dynamic Asset Allocation Growth Fund	77,268
Fidelity Pacific Basin Fund	71,897
BlackRock Strategic Global Bond Fund	64,823
Vanguard Target Retirement 2040 Fund	39,128

Glenview Capital Management, LLC
Profit-Sharing Trust

EIN # 13-4136746 Plan# 001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party	Fair Value
Registered Investment Companies (continued)	
DFA Continental Small Company Portfolio	\$ 23,007
BlackRock Mortgage-Backed Securities Fund	4,230
Total registered investment companies	<u>24,049,983</u>
Collective Investment Trust	
Reliance Trust Company Stable Value Fund Collective Investment Trust	242,852
Notes Receivable from Participants	
Notes receivable from participants (maturing in March 2026 and March 2027 and interest rates ranging from 8.75% to 9.00%) *	<u>12,912</u>
Total	<u><u>\$ 36,498,067</u></u>

*Represents party-in-interest

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the Plan year beginning: 01/01/2024 and ending 12/31/2024

Name of Plan
Glenview Capital Management, LLC Profit-Sharing Trust

Employer Identification Number
13-4136746

Three-digit
plan number: 001

(a) (b) identify of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value (d) Cost	(e) Current Value
Allspring Special Small Cap Value R6	Mutual Fund	302,138
American Funds Europacific Growth R6	Mutual Fund	244,545
American Funds New World R6	Mutual Fund	421,308
BlackRock Mortgage-Backed Secs Instl	Mutual Fund	4,230
BlackRock Strategic Global Bond K	Mutual Fund	64,823
DFA Continental Small Company I	Mutual Fund	23,007
DFA US Vector Equity I	Mutual Fund	238,168
Dodge & Cox Stock X	Mutual Fund	494,548
Federated Hermes Instl High Yield Bd R6	Mutual Fund	299,080
Fidelity International Index	Mutual Fund	1,168,111
Fidelity Mid-Cap Stock	Mutual Fund	312,580
Fidelity Pacific Basin	Mutual Fund	71,897
First Eagle Global I	Mutual Fund	947,063
Glenview Offshore Opportunity FD, Ltd*	Employer Securities	7,989,121
Glenview Capital Partners(Cayman), Ltd*	Employer Securities	3,566,832
Glenview Healthcare Offshore Partners, L.P.*	Employer Securities	23,271
MetLife GAC Series 25053 35	Common Collective Trust	242,852
JPMorgan Large Cap Growth R6	Mutual Fund	7,259,573
JPMorgan Mid Cap Growth R6	Mutual Fund	966,775
Loomis Sayles Investment Grade Bond Y	Mutual Fund	526,433
MFS Massachusetts Investors Tr R6	Mutual Fund	544,886
MFS Total Return R6	Mutual Fund	2,058,742
Money Market Fund	Mutual Fund	293,642
Principal SmallCap S&P 600 Index Inst	Mutual Fund	353,255
Putnam Dynamic Asset Allocation GR Y	Mutual Fund	77,268
Schwab S&P 500 Index*	Mutual Fund	6,237,348
Schwab Personal Choice Retirement*	Mutual Fund	613,200
Vanguard Explore Adm	Mutual Fund	128,312
Vanguard Target Retirement 2035 Fund	Mutual Fund	381,979
Vanguard Target Retirement 2040 Fund	Mutual Fund	39,128
Vanguard Target Retirement 2050 Fund	Mutual Fund	159,999
Vanguard Target Retirement 2055 Fund	Mutual Fund	172,544
Vanguard Target Retirement 2060 Fund	Mutual Fund	180,559
Vanguard Wellesley Income Admiral	Mutual Fund	371,684

Participant Notes Receivables

Participant Loans, (interest rate 8.75 - 9.0%, maturity dates June 2026)*

*Represents party in interest